

# JOIN US FOR THE 6TH ANNUAL SPINAL CORD INJURY SASKATCHEWAN FUNDRAISER GOLF TOURNAMENT

**09** AUGUST  
2025

**MARK'S NINE HOLE  
GOLF & COUNTRY  
CLUB  
Prince Albert, SK**



## SPONSORSHIP OPPORTUNITIES

### CASH SPONSORSHIPS

- Tournament Sponsor** **\$ 3000**
- 4 complimentary player entries
  - Logo recognition in the tournament program
  - Prominent signage at the tournament registration
  - Logo recognition on SCI Sask website

- Closest to the Pin Sponsor** **\$ 1000**
- 2 complimentary player entries
  - Signage at the closest to the pin hole
  - Logo recognition in the tournament program
  - Logo recognition on SCI Sask website

- Longest Drive Sponsor** **\$ 1000**
- 2 complimentary player entries
  - Signage at the longest drive hole
  - Logo recognition in the tournament program
  - Logo recognition on SCI Sask website

- Hole Sponsorship** **\$ 500**
- Signage at the designated tee box
  - Logo recognition in the tournament program
  - Logo recognition on SCI Sask website

### IN-KIND SPONSORSHIPS

- Hole-In-One Sponsorship**
- Logo recognition in the tournament program
  - Prominent signage at the tournament
  - Logo recognition on SCI Sask website

### **Advertising, Merchandise, Product**

- Minimum value of \$250
- Logo recognition in the tournament program
- Prominent signage at the tournament
- Logo recognition on SCI Sask website

**INFORMATION:** "Thank you to our Sponsors" recognition will be placed in the PARASCOPE magazine in the issue following the event. Please supply a high-resolution logo for announcement purposes.

### CONTACT

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[sciinfo@scisask.ca](mailto:sciinfo@scisask.ca)  
[www.scisask.ca](http://www.scisask.ca)  
Toll Free: 888.282.0186

Your Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Sponsorship Level: \_\_\_\_\_  
Committed \$ amount: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Payment Methods:** \* **E-transfer** to [EMT@scisask.ca](mailto:EMT@scisask.ca);

\* **Credit Card** by phone 306.652.9644;

\* **Cheque** payable to SCI Sask; mail to 1705 McKercher Drive Saskatoon, SK S7H 5N6

<b>Office Use:</b>	Payment Received:	YES	NO	Date (MM/DD/YYYY):
	E-Transfer	Credit Card	Cheque # _____	_____/_____/_____