



**MAY 19, 2025**

**WALPOLE COUNTRY CLUB**

**10:00 AM CHECK-IN 12:00 NOON TEE-OFF**

**GOLFER FEES**

**REGISTRATION FOR 18 HOLES INCLUDES:  
GREENS FEES, CART, BOX LUNCH, DINNER RECEPTION**

**BRAGB MEMBER: \$285 PER GOLFER  
NON-MEMBER: \$315 PER GOLFER**



**MULLIGANS FOR SALE SCRAMBLE FORMAT 50/50 DONATION DRIVE**

**SPONSORSHIP OPPORTUNITIES PRIZES FOR TOP 3 TEAMS AUCTION/RAFFLE**



**SPONSORSHIP OPPORTUNITIES**

**EAGLE SPONSOR \$3,500**

- Foursome for golf
- Sponsorship of four holes
- Opportunity to provide golfers a gift
- Remarks at Reception
- Recognized on all event collateral
- Includes Tee Box Table

**BIRDIE SPONSOR \$2,750**

- Foursome for golf
- Sponsorship of two holes
- Opportunity to provide golfers a gift
- Recognized on all event collateral
- Display Table for literature and graphics

**PAR SPONSOR \$1,500**

- Twosome for golf
- Sponsorship of one hole
- Recognition on all event collateral

***For Sponsorships that include golfer registrations:***

***Golfer 1*** \_\_\_\_\_

***Golfer 2*** \_\_\_\_\_

***Golfer 3*** \_\_\_\_\_

***Golfer 4*** \_\_\_\_\_

**BEVERAGE SPONSOR \$1,750**

- Twosome for golf
- Logo on drink ticket provided to all attendees
- Recognition on all event collateral

**TEE BOX SPONSOR \$950**

- Promotional table placed on course
- Recognition on all event collateral

**CICMA SPONSOR \$550**

- Single for golf
- \$285 goes to our workforce development fund Careers in Construction MA
- Recognition on all event collateral

**DONATION DRIVE SPONSOR \$500**

- Support of Careers in Construction MA
- 50/50 proceeds support CiCMA
- Exclusive tee box sign at designated hole
- Recognition on all event collateral

**HOLE SPONSOR \$200**

- Company logo placed at tee box
- Personalized QR codes available
- Recognition on all event collateral

Full Name \_\_\_\_\_ Company Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**PAYMENT OPTIONS:** Make checks payable to BRAGB **OR** fill in the space below with you card information

Visa

Mastercard

American Express

Credit Card Number \_\_\_\_\_

Print Name on Card \_\_\_\_\_

Expires \_\_\_\_\_ CVV Code (3 or 4 digits) \_\_\_\_\_

Billing Address \_\_\_\_\_

**TOTAL \$ ON CARD:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RETURN THIS FORM ALONG WITH PAYMENT TO:**

45 Dan Road, Suite #8  
Canton, MA 02021  
781.890.2396  
swayman@bragb.org

*Have questions about BRAGB membership or sponsorship opportunities?*  
Contact us at **781.890.2434** or **ckim@bragb.org**