



THE IRELAND FUNDS

21st TEXAS IRISH AMERICAN CUP CHALLENGE

MONDAY, MAY 13, 2019
TPC FOUR SEASONS LAS COLINAS



MAJOR SPONSOR - \$25,000

- Automatic team advancement to shootout
- Two foursomes at the tournament starting from tees of their choice (includes gift bag & lunch for all golfers)
- Full-page advertisement in the tournament program
- Corporate logo prominently displayed at the 18th hole ceremony and in all tournament materials
- Team members/spouses invited to Welcome Irish Party on May 10
- Team members/spouses invited to Bennett Estate Party on May 11
- Premier/Reserved seating for ten to Awards Dinner on May 13
- Overnight accommodations provided for the Team Captain at The Four Seasons Resort on Monday, May 13

EMERALD SPONSOR - \$15,000

- Automatic team advancement to shootout
- Prominent signage on tournament material and hole signage
- One foursome at the tournament (includes gift bag & lunch for all golfers)
- Full-page advertisement in the tournament program
- Team members/spouses invited to Welcome Irish Party on May 10
- Team members/spouses invited to Bennett Estate Party on May 11
- Preferred seating for ten to Awards Dinner on May 13

PLATINUM SPONSOR - \$7,500

- One foursome at the tournament (includes gift bag & lunch for all golfers)
- Full-page ad in the tournament program and hole signage
- Team members/spouses invited to Welcome Irish Party on May 10
- Team members/spouses invited to Bennett Estate Party on May 11
- Prime seating for eight to Awards Dinner on May 13

GOLD SPONSOR - \$4,000

- One foursome at the tournament (includes gift bag & lunch for all golfers)
- Half (1/2) page ad in the tournament program and hole signage
- Seating for eight to Awards Dinner on May 13

INDIVIDUAL PLAYER - \$1,000

- Tournament gift bag & lunch
- Invitation for two to Awards Dinner on May 13

INDIVIDUAL TICKET INFORMATION

- Dinner tickets \$150 each
- Young Leaders dinner tickets \$100 each

Hotel rooms are available at a special rate of \$235 per night at the Four Seasons Resort and Club until April 22 by calling 972-717-2499. Please reference The Ireland Funds room block to receive the discounted rate.

NAME: _____ SIGNATURE: _____
 COMPANY: _____ TITLE: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 PHONE: _____ EMAIL: _____
 CONTACT NAME: _____ PHONE: _____ EMAIL: _____

How should your contribution to be recognized in print?
example: *John Doe, XYZ Comany or Jane and John Doe* _____

PLEASE EMAIL AN EPS VECTOR OF YOUR LOGO TO dpadian@irelandfunds.org

Enclosed is my check made payable to: THE IRELAND FUNDS

Please charge my credit card: American Express Discover MasterCard Visa

Card Number: _____ Ex. Date: _____ Security Code: _____ Billing Zip: _____

The American Ireland Fund (dba The Ireland Funda America), is a tax-exempt organization, incorporated under the laws of Pennsylvania. It has been determined by the IRS to be a public charity under Section 501(c)(3) of the Internal Revenue Code. Contributions to it, less projected value (TBD) per person, are tax deductible as provided by law. Upon receipt of your gift, we will issue the appropriate charitable gift receipt for your use.

For further information, please call Darina Padian at 469-232-9601, email dpadian@irelandfunds.org or visit our website at irelandfunds.org/chapters/america/texas

PLEASE REPLY AT YOUR EARLIEST CONVENIENCE BY RETURNING THIS FORM TO:
The Ireland Funds - Texas · 5720 LBJ Freeway · Suite 455 · Dallas, TX 75240



21st TEXAS IRISH AMERICAN CUP CHALLENGE

TEAM ENTRY DEADLINE: MARCH 29, 2019

CAPTAIN

NAME: _____ SPOUSE/GUEST: _____
ADDRESS: _____
EMAIL: _____ BUSINESS PHONE: _____
CELL PHONE: _____ BUSINESS AFFILIATION: _____
HANDICAP INDEX: _____ HOME CLUB: _____
SHIRT SIZE: S M L XL XXL

PLAYER 1

NAME: _____ SPOUSE/GUEST: _____
ADDRESS: _____
EMAIL: _____ BUSINESS PHONE: _____
CELL PHONE: _____ BUSINESS AFFILIATION: _____
HANDICAP INDEX: _____ HOME CLUB: _____
SHIRT SIZE: S M L XL XXL

PLAYER 2

NAME: _____ SPOUSE/GUEST: _____
ADDRESS: _____
EMAIL: _____ BUSINESS PHONE: _____
CELL PHONE: _____ BUSINESS AFFILIATION: _____
HANDICAP INDEX: _____ HOME CLUB: _____
SHIRT SIZE: S M L XL XXL

PLAYER 3

NAME: _____ SPOUSE/GUEST: _____
ADDRESS: _____
EMAIL: _____ BUSINESS PHONE: _____
CELL PHONE: _____ BUSINESS AFFILIATION: _____
HANDICAP INDEX: _____ HOME CLUB: _____
SHIRT SIZE: S M L XL XXL