

EAST TENNESSEE   
**Children's  
 Hospital**  
**GOLF CLASSIC**

Fox Den Country Club | May 4, 2026 | Morning round 8 am | Afternoon round 2 pm

# Sponsorship Opportunities



Presenting Sponsor  
 Recognition

12 player spots

Name on hole flag and logo  
 on large course tee sign

Opportunity to display  
 a banner and include  
 promotional items in  
 gift bags



8 player spots

Name on hole flag and logo  
 on large course tee sign

Opportunity to display  
 a banner and include  
 promotional items in  
 gift bags

*Areas available: Golf shirt, 19<sup>th</sup>  
 Hole, Driving Range, Beverage  
 Carts, Photo, Putting Green*



4 player spots

Name on hole flag and logo  
 on large course tee sign

Opportunity to display  
 a banner and include a  
 promotional item in  
 gift bags

*Areas available: Lunch, Snack  
 Shack, Longest Drive, Closest to  
 Pin, Golf Carts, Voucher*



4 player spots

Name on hole flag and logo  
 on large course tee sign

Opportunity to include  
 a promotional item  
 in gift bags

Only 1 available



4 player spots

Name on hole flag and logo  
 on large course tee sign

Opportunity to include  
 promotional item in  
 gift bags



4 player spots

Name on small course  
 tee sign



2 player spots

Name on small course  
 tee sign



1 player spot

Can't make the tournament?

Become a **Miracle Sponsor** for \$500 and receive your company name on our sponsor sign.

# Sponsorship Form

East Tennessee Children's Hospital Golf Classic will be held on **May 4, 2026** at **Fox Den Country Club**. Due to the overwhelming response each year, space will be limited and tee time request will be reserved on a first-received basis.

**Please select first choice:**

- Morning round (8 am)
- Afternoon round (2 pm)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> <b>Presenting</b><br>\$20,000 | <input type="checkbox"/> <b>Gold</b><br>\$10,000 | <input type="checkbox"/> <b>Silver</b><br>\$7,500 | <input type="checkbox"/> <b>Hole-in-One</b><br>\$5,000 |
| <input type="checkbox"/> <b>Albatross</b><br>\$5,000   | <input type="checkbox"/> <b>Eagle</b><br>\$2,500 | <input type="checkbox"/> <b>Birdie</b><br>\$1,500 | <input type="checkbox"/> <b>Par</b><br>\$750           |

## Contact Information

Sponsor name: \_\_\_\_\_ as you prefer for recognition

Contact person: \_\_\_\_\_

Contact us by:  regular mail  email

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Payment Information

**Payment is due prior to tournament**

- Send invoice
- Call for credit card information
- Check enclosed

## Player Information

**Player names are due no later than April 17, 2026.**

You can list them here or email to [ACHowell@etch.com](mailto:ACHowell@etch.com)

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**For office use only**

Date recieved: \_\_\_\_\_ Recieved by: \_\_\_\_\_



Please return completed form to **Angie Howell**  
 ACHowell@etch.com | (865) 919-0655  
 East Tennessee Children's Hospital  
 Development/Angie Howell  
 2018 Clinch Avenue  
 Knoxville, TN 37916