**North Dakota Emergency Medical Services Foundation**

****

**Dale Severson Memorial Golf Scramble**

**Sponsor Information**

Sponsor Name:

Physical Address: City: State: Zip:

Mailing Address: City: State: Zip:

Contact Person: \_\_\_\_\_ Phone: EXT:

Email Address: \_\_\_\_\_\_

**Sponsorship Levels:**

**Hole Sponsor: $100**

**Birdie: $200**

**Par: $500**

**Hole-in-One-$1000 (One free team in the scramble)**

**\_\_\_\_\_\_\_\_ YES, I would like a team in the scramble for my Hole-In-One Sponsorship**

**\_\_\_\_\_\_\_\_ NO, I do not wish to have a team in the scramble**

Sponsorship Level: Sponsorship Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* All Sponsors will be recognized with signage at the Fessenden Golf Course and in the Response Times Publication.**

Will Sponsor Provide Logo for Advertisement: YES / NO

Receipt Requested: YES / NO Send Receipt Via: Physical Address / Mailing Address / Email

Other Information:

**Check made payable to:**  **On-line Registration:**

**North Dakota EMS Foundation www.ndemsa.org/Foundation**

1622 Interstate Avenue

Bismarck, ND 58503 **Your Logo can be sent to:** 701-221-0567 **ndemsa.office@ndemsa.org**

**ndemsa.office@ndemsa.org** (jpeg if possible)

**For more information please contact the NDEMSA office or Tammy Roehrich, Fessenden NDEMSF Board Member at:**

**jroehrich@gondtc.com**

**701-341-1359**

**Thank-You For Supporting the NDEMS Foundation!!**