**North Dakota Emergency Medical Services Foundation**

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**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)**

**Silent Auction Item**

**\_\_\_\_\_\_\_\_ 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 for my Hole-In-One Sponsorship**

**\_\_\_\_\_\_\_\_ YES, I would like to be a sponsor or donate a Silent Auction Item**

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

**\*\* All Sponsors will be recognized with signage at the Cooperstown Golf Course.**

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 Mark Haugen, President at:**

**mshaugen@bis.midco.net**

**701-527-5997**

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