



**Darrell Armstrong's Classic Weekend  
August 12 – 14, 2011  
Sponsorship Pledge Form**

**Company Name:**

*(Name as you wish it to appear in recognition materials)*

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:**

**Level of Sponsorship (circle one)**

*Hall of Fame - \$3000 / Super Star - \$2000 / Allstar - \$1000 / Bowling Stars - \$500 /  
Evening of Entertainment - \$3,000 / Golf Luncheon - \$2,000 / Bowl-Off - \$1,500 / Slam  
Dunk - \$500 / Closest-to-Pin - \$300 / Putting Contest - \$300 / Display Table - \$200 /  
Hole - \$100 / Prize – In Kind (\$100+) / Hole-in-One – Insurance/ Breakfast – In Kind*

**Individual Reservations**

Golf Tournament @ \$150	\$
Evening of Entertainment @ \$20	\$
Bowling Tournament @ \$50	\$

**Sponsorship Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Make Checks payable to:*

***Darrell Armstrong Foundation for Premature Babies, Inc.***

*P. O. Box 608833*

*Orlando, Fl 32860*

**I will not be able to attend, please accept my donation of: \$**

**[www.darrellarmstrong10.com](http://www.darrellarmstrong10.com)**

**[dafpb10@gmail.com](mailto:dafpb10@gmail.com)**

**Tax ID # 59-3620145**