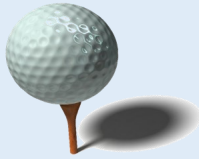


**The Seneca Regional Chamber of Commerce & Visitor Services  
Invites you to the 2018 Chamber Challenge**

Thursday, June 14, 2018  
Mohawk Golf & Country Club



**Major Sponsors**

CompManagement  
CompManagement Health Systems  
Coppus Motors  
First Insurance Group  
Laminate Technologies, Inc.  
Mercy Health - Tiffin Hospital  
MLAD Graphic Design Services  
Old Fort Banking Company  
Reineke Family Dealerships  
Toledo Molding & Die  
UIS Insurance & Investments  
Webster Industries

**May we please add your name?**

Registration 8:30 - 10 a.m.  
Shot Gun Start 10 a.m.  
Lunch at the Turn 11 a.m. - 1 p.m.  
Cocktails (on your own),  
Hors d'oeuvres, Awards 3 p.m.

*Entry includes:*  
Greens Fee, Cart, Lunch,  
On-course Beverages,  
Prizes

**Registration/Sponsorship Form**

Please fill out the form below and return to the Seneca Regional Chamber of Commerce, 19 West Market Street, Ste. C, Tiffin, OH 44883. Questions: Call Deb at 419-447-4141 or [dmartorana@tiffinchamber.com](mailto:dmartorana@tiffinchamber.com)

**Sponsorship Levels**

Please check all that apply:

**Major Sponsor: \$1,000** (includes team of four golfers, hole sponsor, full advertising, promotion and recognition package)

**Premier Sponsor: \$700** (includes team of four golfers, hole sponsor)

**Team: \$600** (includes team of four golfers)

**Event Sponsor: \$500** (includes hole sponsor, advertising, promotion and recognition package)

**Individual Golfer: \$150** (includes greens fees, cart, lunch, and on-course beverages)

**Hole Sponsor: \$150**

**Patron Sponsor: \$100**

**We are also seeking donations for Door Prizes as well as Goody Bag items.**

We will donate the following items:

Door Prize  
 Goody Bag Item

Check  Cash  Credit Card

**Payment Information:**

Amount Paid: \$ \_\_\_\_\_

Card No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Code from back of card \_\_\_\_\_

**Team Players:**

1. (Captain) \_\_\_\_\_

E-mail: \_\_\_\_\_

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

2.

E-mail: \_\_\_\_\_

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

3.

E-mail: \_\_\_\_\_

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

4.

E-mail: \_\_\_\_\_

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

**Business Information:**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_