



Corporate Sponsorship Form

Business Name: _____
Contact Person: _____
Phone Number: _____

Type of Sponsorship: Title Sponsor
 Club Pro Sponsor
 Club President Sponsorship
 Eagle Sponsorship
 Birdie Sponsorship
 Par Sponsorship
 Other Sponsorship

Other _____

Send all payments to: **Bucktail Medical Center**
 C/O Megan Houser
 1001 Pine Street
 Renovo, PA 17764

- * Please return with payment by June 23, 2026
- * Please attach a business card or other identifying material to this form.
- * Call Megan Houser at 814-380-4741 with any questions or concerns.