

GOLFOUTING

THURSDAY | 9 APRIL 2026

TIMBERLINE GOLF CLUB



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- AGA, 300 Vestavia Parkway Ste. 3500, Birmingham, AL 35216



ALABAMA GROCERS EDUCATION FOUNDATION GOLF OUTING APRIL 9, 2026

CONTACT INFORMATION

Name:	Company:						
	Phone:						
Address:							-
City:		State:		_ Zip:			-
SPONSORSHIP INFORMATION							
All sponsors receive signage at the tournament, recognition on the welcome sheet, and will be announced during the Awards Ceremony. Beverage Cart, Breakfast, Lunch, and Sampling Hole Sponsorships do not include any golfers and can be combined with Hole or Half Hole Sponsorships.							
Presenting Sponsor - \$5,000 (Tax Deductible \$3,200) Includes eight golfers, logo giveaway, and one game package per golfer. Hole Sponsor - \$2,000 (Tax Deductible \$1,200) Includes a team of four with one game package per golfer. Half Hole Sponsor - \$1,000 (Tax Deductible \$600) Includes a team of two with one game package per golfer. Sampling Hole Sponsor - \$1,000 (Tax Deductible \$1,000) Includes sampling of company's item at hole. Does not include any golfers. Goodie Bag Sponsor - \$1,000 (Tax Deductible \$1,000) Includes signage at registration and have the option to provide branded bags used for our Goodie Bags. Does not include any golfers. Breakfast Sponsor - \$1,000 (Tax Deductible \$1,000) Includes sign at breakfast and opportunity to showcase product during breakfast. Does not include any golfers. Reception Sponsor - \$1,000 (Tax Deductible \$1,000) Includes sign at the reception and opportunity to showcase your product during the reception. Does not include any golfers. Lunch Sponsor - \$1,500 (Tax Deductible \$1,500) Includes sign at lunch and opportunity to showcase product during lunch. Does not include any golfers. Beverage Cart Sponsor - \$1,500 (Tax Deductible \$1,500) Includes signage on beverage cart and opportunity to ride in cart and personally greet each golfer. Does not include any golfers.							
REGISTRATION_INFORMATION							
Golfer #1: Handicap: Company: Email: Golfer #3: Handicap: Company: Email:		H C	andicap: Company: Com				- - - -
PAYMENT INFORMATION							
Credit Card # Billing Address Total Charge Amount		(Exp. Date	-	CVV _ _State	Zip	