



30TH ANNUAL OX ROAST - JIM APPLEBAUM GOLF TOURNAMENT



FRIDAY MAY 16 - SATURDAY, MAY 17

**OXBOW GOLF COURSE
500 ST. ANDREWS BLVD.
BELPRE, OHIO 45714**

EVENT SPONSORSHIP/TEAM REGISTRATION FORM



PLATINUM SPONSOR

\$1000

- Company name included in all advertising and social media
- Company name included on clubhouse banner
- Company logo included on all eighteen (18) holes
- One (1) team entry into tournament w/all participant benefits



GOLD PLUS SPONSOR

\$700

- Company name included in all advertising and social media
- Company name included on clubhouse banner
- Company logo included on six (6) holes
- One (1) team entry into tournament w/all participant benefits



GOLD SPONSOR

\$500

- Company name included in all advertising and social media
- Company name included on clubhouse banner
- Company name included on six (6) holes



SILVER SPONSOR

\$250

- Company name included on clubhouse banner
- Company name included on six (6) Holes



BRONZE SPONSOR

\$100

- Company name included on clubhouse banner

TEAM REGISTRATION FORM

HANDICAP TOURNEY W/CALCUTTA BIDDING PAYOUTS TO TOP 6 TEAMS

FRIDAY INCLUSIONS

- PRACTICE ROUND W/CART
(CONTACT COURSE TO SCHEDULE TEE TIME)
- HAPPY HOUR- 5:00PM
- STEAK DINNER- 6:00PM
- CALCUTTA BIDDING- 7:00PM
 - GIFT AUCTION
 - RAFFLE DRAWING

SATURDAY INCLUSIONS

- TOURNAMENT ROUND W/CART
(REGISTRATION BEGINS AT 7:45AM)
- LUNCH

SKINS GAME OPTION AVAILABLE
\$40 PER TEAM

**ALL ENTRIES MUST BE RECEIVED BY
APRIL 30, 2025**

**ENTRY FEE INCLUDED WITH
PLATINUM & GOLD PLUS SPONSORSHIPS**
(NON-SPONSORED ENTRY - \$400 PER TEAM)

(SPONSORSHIP INFO ON REVERSE SIDE)

TEAM CONTACT: _____

COMPANY / TEAM NAME : _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PLAYER 1- NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

HOME CLUB: _____ HANDICAP: _____

PLAYER 2- NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

HOME CLUB: _____ HANDICAP: _____

PLAYER 3- NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

HOME CLUB: _____ HANDICAP: _____

PLAYER 4- NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

HOME CLUB: _____ HANDICAP: _____

ALTERNATE- NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

HOME CLUB: _____ HANDICAP: _____

Email completed forms to admin@rotaryclubofbelpre.org

METHOD OF PAYMENT

Cash/Check Enclosed

Made Payable to: Rotary Club of Belpre
PO Box 318
Belpre, Ohio 45714

Credit Card via Secured Transaction

