



**LAUREN'S KIDS
TICKET PACKAGE REQUEST FORM**

LAUREN'S KIDS CELEBRITY GOLF CLASSIC – Wednesday, March 5, 2025, at The Club at Weston Hills



LAUREN'S KIDS GALA PRESENTED BY SEMINOLE HARD ROCK HOTEL & CASINO – Saturday, March 15, 2025

* Benefiting Lauren's Kids – which is a 501(c)(3) nonprofit organization that works to prevent child sexual abuse through education and awareness, and to help survivors heal with guidance and support.

CONTACT INFORMATION:

First/Last Name:			
Company Name:		Title:	
Address:		City:	State: Zip Code:
Phone:	Fax:	Email:	

LAUREN'S KIDS CELEBRITY GOLF CLASSIC (Wednesday, March 5, 2025)

OPTIONS	DESCRIPTION	PRICE	QUANTITY	SUBTOTAL
Golf Foursome	Three (3) players + (1) celebrity player	\$ 3,500		\$
Golf Foursome	Four (4) players – no celebrity player	\$ 3,500		\$
Individual Golfer	One (1) player to be paired with 3 other players	\$ 900		\$



LAUREN'S KIDS GALA PRESENTED BY SEMINOLE HARD ROCK HOTEL & CASINO (Sat., March 15, 2025)

Gold Level of ten (10)	Ten (10) seats at the Gala, preferred seating; name/logo listed in program; one (1) centerpiece	\$ 5,500		\$
Silver Level of ten (10)	Ten (10) seats at the Gala	\$ 3,500		\$
Individual Seat(s)	One (1) seat at the Gala	\$ 350		\$

Packages & Sponsorship

MVP Golf & Gala Package	One (1) Golf Foursome & One (1) Silver Level	\$6,500		\$
Sponsorship Opportunities	I am interested in becoming a sponsor at either the Platinum or All-Star Level. Please contact me.	Check Box	<input type="checkbox"/>	\$

AD & Tee Sign

Full Page Digital Program Ad	Full Page ad in the Official Digital Program (Ad specs will be sent upon receipt of form)	\$ 500		\$
Half Page Digital Program Ad	Half Page ad in the Digital Program (Ad specs will be sent upon receipt of form)	\$ 250		\$
Tee Sign	Company Name/ Logo on 1 dedicated tee sign on golf course at Celebrity Golf Classic	\$ 300		\$

No, I will not be able to attend. Please accept my donation to Lauren's Kids: \$

GRAND TOTAL: \$ _____

PAYMENT INFORMATION:

- Enclosed is my check payable to Lauren's Kids
- Charge my Credit Card (circle one): AMEX VISA MC

Credit Card No.	Expiration Date:		
Signature	Security Code:		
Billing Address:	City:	State:	Zip Code:

Thank you for your support!

Please e-mail this form to:

LisaFHall19@gmail.com / Phone: 305.978.4449

This form and payment information must be received by February 15, 2025.