



**Canadian Hemophilia Society,
Manitoba Chapter
Annual Golf Tournament**

**2025 Golf Tournament
Sponsorship Opportunities**

Thursday, July 31st

Tee Off - 11 am

Bel Acres Golf & Country Club

**In support of programs and services for Manitobans
managing inherited bleeding disorders**

Make your long weekend a little longer!

Contact Us

Christine Keilback, Executive Director

CHS-MC

info@hemophiliamb.ca

204.775.8625





Canadian Hemophilia Society, Manitoba Chapter
Annual Golf Tournament

2025 Sponsorship Opportunities

Bel Acres Golf & Country Club July 31st, 2025

GOLD Sponsor \$2,000

Corporate logo visible at event

Choice of entering company sponsored four person team

Corporate literature (and/or gifts, supplied by you) in welcome packages

Recognition on social media feeds: Chapter website, Facebook, Twitter, Instagram

SILVER Sponsor \$1,500

Corporate logo visible at event

Choice of entering company sponsored two golfers

Recognition on social media feeds: Chapter website, Facebook, Twitter, Instagram

CART/CONTEST/HOLE Sponsor \$300

Corporate logo and name sign positioned on golf cart, contest location or hole

Recognition in post-event social media: Chapter website, Facebook, Twitter, Instagram

LUNCH SPONSOR \$300

Company logo and name on sign at lunch reception

Recognition in post-event social media: Chapter website, Facebook, Twitter, Instagram

FRIEND OF THE CHAPTER

Gift for the golfer prizes/ silent auction

Donation Recognition attached to the donated gift

Recognition in post-event social media: Chapter website, Facebook, Twitter, Instagram

We look forward to partnering with our sponsors!

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CHS-MC GOLF SPONSOR REGISTRATION FORM

To confirm participation, please send completed registration, along with high-resolution logo for signage and print materials, to info@hemophiliamb.ca.

I am registering as a:

Gold Sponsor - \$2,000 (4 golfers included)

Lunch Sponsor - \$300

Silver Sponsor - \$1500 (2 golfers included)

Friend of the Chapter – prize

Cart/Contest/Hole Sponsor - \$300

Donation - \$

Individual Golfer - \$150

Team of Four - \$600

Name _____ Company _____

Address _____ City/Province _____

Postal Code _____ Email _____ Phone _____

My Team Information:

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Payment Information:

Cheque

Please Invoice

Credit Card # _____

E-Transfer to info@hemophiliamb.ca

Name on Card _____ Exp Date _____ CVV _____

Thank you! With your support the Canadian Hemophilia Society, Manitoba Chapter will continue to meet our mission; *“to improve the quality of lives of those affected by hemophilia and other inherited bleeding disorders through support, services, research, education and advocacy.”*