



ISO 9001:2015 Certified

# 12<sup>TH</sup> ANNUAL AFCEA GOLF TOURNAMENT

MONDAY, MAY 14, 2018  
WYNLAKES GOLF & COUNTRY CLUB

- 11:00 a.m. Registration
- 11:30 a.m. Lunch & Games
- 12:30 p.m. Shotgun Tee Off
- 5:30 p.m. Awards and Raffle

### PARTNER WITH US TO SUPPORT AFCEA

AFCEA is an independent, non-profit, tax-exempt public charity. Becoming a sponsor allows you to take part in helping an individual achieve their dreams through financial assistance. For more information, contact Stephanie Wise by phone at 334-218-7989, or email [stephanie.wise@icsinc.com](mailto:stephanie.wise@icsinc.com).

### SPONSORSHIP LEVELS

- Lunch Sponsor \$2000
- Beverage Cart Sponsor \$1500
- Cart Sponsor \$1000
- Range Sponsor exclusive \$1000 shared \$500/ea; limit 2 if shared
- Birdie Sponsor \$500
- Par Sponsor \$250
- Hole Sponsor \$100
- President's Circle (Cash or "In-Kind" donation)

Since spring 2006, ICS has hosted a charity golf tournament to support the Armed Forces Communications and Electronics Association Educational Scholarship Foundation (AFCEA). 100% of the net proceeds from this event are donated each year to AFCEA, along with a generous matching gift from ICS. To date, over \$47,000 has been raised for AFCEA through this annual event!

This is a great cause that supports our troops and community initiatives while providing an opportunity to fellowship with teammates, customers and business partners. Come join us!

## 2018 ICS AFCEA Golf Tournament Team Registration and Sponsorship

### Registration Fee: \$75/per player

Cash, check and major credit cards accepted. Mail completed form and check to: ICS, Inc - AFCEA Golf Tournament • 60 Commerce St., Ste. 1100 • Montgomery, AL 36104. For cash or credit card payments, contact Stephanie Wise at 334-218-7989. Please note, a \$3.00 transaction fee will be applied to all credit card payments.

TEAM NAME \_\_\_\_\_

PLAYER 1 \_\_\_\_\_ EMAIL \_\_\_\_\_ HANDICAP \_\_\_\_\_

PLAYER 2 \_\_\_\_\_ EMAIL \_\_\_\_\_ HANDICAP \_\_\_\_\_

PLAYER 3 \_\_\_\_\_ EMAIL \_\_\_\_\_ HANDICAP \_\_\_\_\_

PLAYER 4 \_\_\_\_\_ EMAIL \_\_\_\_\_ HANDICAP \_\_\_\_\_

SPONSORSHIP COMPANY NAME \_\_\_\_\_

SPONSORSHIP LEVEL \_\_\_\_\_ CONTRIBUTION AMOUNT \_\_\_\_\_

CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_