



October 17, 2022 - *The Riviera Country Club*  
**Response Form**

**Tournament Sponsorship:** Please indicate your sponsorship level of choice.

<input type="checkbox"/> Crystal Sponsor	\$25,000
<input type="checkbox"/> Awards Dinner Sponsor	\$17,000
<input type="checkbox"/> Lunch Sponsor	\$9,000
<input type="checkbox"/> Pre-Tournament Golfer Warm-up Clinic	\$8,000
<input type="checkbox"/> Gold Sponsor if received by June 1 <sup>st</sup> , 2022	\$7,500
<input type="checkbox"/> Gold Sponsor	\$8,000
<input type="checkbox"/> Reception Sponsor	\$5,000
<input type="checkbox"/> Trophy Sponsor	\$5,000
<input type="checkbox"/> Breakfast Sponsor	\$5,000
<input type="checkbox"/> Cart Sponsor	\$2,500
<input type="checkbox"/> Exclusive Hole Sponsor	\$2,500
<input type="checkbox"/> Photography Sponsor	\$2,500
<input type="checkbox"/> Women's Golf Team Meet & Greet Sponsor	\$2,500
<input type="checkbox"/> Signage Sponsor	\$2,500
<input type="checkbox"/> Single Entry	\$2,000
<input type="checkbox"/> Putting Contest Sponsor	\$1,500
<input type="checkbox"/> Women's Golf Team Sponsor	\$1,000
<input type="checkbox"/> 1 Student Internship \$250 <input type="checkbox"/> 2 Student Internships \$500 <input type="checkbox"/> 3 Student Internships \$750	\$ _____
<input type="checkbox"/> 1 Under Graduate Research Scholarship \$250 <input type="checkbox"/> 2 Scholarships \$500 <input type="checkbox"/> 3 Scholarships \$750	\$ _____
<input type="checkbox"/> Attending Dinner & Reception - \$150 Per Person	\$ _____

**Sponsor name as it should appear in the program:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

In the event the "alternate format" is needed,  
I request to tee-off with my foursome at:  
Please place a check-mark below:  
8:00-10:00 a.m. ( ) 10:00 a.m.-11:00 a.m. ( )

**Method of Payment**

☐ Check ☐ American ☐ Visa

☐ MasterCard

**Credit Card#** \_\_\_\_\_

**CVC code** \_\_\_\_\_

**Zip Code** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Signature** \_\_\_\_\_

Please return this form by **June 1, 2022** to: Breanne Winic,

Wave Classic Pepperdine University  
24255 Pacific Coast Highway Malibu, CA  
90263-4617

TAX ID #: 95-4656912

310-506-6335 / Breanne.Winic@pepperdine.edu