

THE 18<sup>th</sup> ANNUAL

# PETER M. WEGE GOLF OUTING

PRESENTED BY  **Jandernoa  
Foundation**

IN PARTNERSHIP WITH AQUINAS ATHLETICS



**Friday, September 18, 2026 at Quail Ridge Golf Club**

## Premier Sponsor Opportunities

- CHAMPION - \$10,000**
  - 2 VIP foursomes (8 golfers)
  - 6 tee signs
  - Opportunity to provide logo'd gift
  - And much more!
- COACH - \$8,000**
  - 2 VIP foursomes (8 golfers)
  - 4 tee signs
  - Prominent celebration recognition
  - And more!
- SUPER SAINT - \$6,000**
  - 1 VIP foursome (4 golfers)
  - 3 tee signs
  - Reception recognition
  - And more!

## Event Sponsor Opportunities

- 19<sup>th</sup> HOLE - \$4,000**
  - Recognition as 19th Hole Sponsor
  - 1 VIP foursome (4 golfers)
  - Reserved reception seating
  - Company recognition online
- NELSON'S BEVERAGE CART - \$3,000**
  - Name or logo on beverage cart
  - Opportunity to provide logo'd gift
  - 1 VIP foursome (4 golfers)
  - Option to attend reception
  - Company recognition online
- AQ TOMMIES - \$1,500**
  - Name/logo at driving range or putting green
  - 1 VIP foursome (4 golfers)
  - Option to attend reception
- HOLE - \$350**
  - Signage at one hole



**Scan the QR code  
to view our full list of  
sponsor benefits**

**AQUINAS COLLEGE**

**FOURSOME - \$800**

- 4 golfers
- 2 carts
- Swag bags
- 4 Invites to the 19<sup>th</sup> Hole Reception

**VIP FOURSOME - \$1,000**

- Standard foursome plus
  - 4 drink tickets per player
  - Grab and go breakfast
  - Lunch on the course

**REGISTRATION INFORMATION**

Company/ Individual(s) Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

Enclosed is a check for \$ \_\_\_\_\_ (Payable to Aquinas College)

Please charge my Visa/ Mastercard/ AmEx/ Discover

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please bill me (payable by Friday, September 11, 2026)

**For additional information, contact Kate Davis at 616.632.2817 or [daviskat@aquinas.edu](mailto:daviskat@aquinas.edu)**

**GOLFERS**

Team Name: \_\_\_\_\_

Golfer One: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer Two: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer Three: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer Four: \_\_\_\_\_ Email: \_\_\_\_\_

**Please return completed form to Kate Davis ■ 1700 Fulton St. E ■ Grand Rapids, MI 49506  
by September 4, 2026**