



YMCA OF SAN DIEGO COUNTY
**COMMUNITY
WELL-BEING
& BELONGING**

JOE AND MARY MOTTINO FAMILY YMCA

CORNHOLE TOURNAMENT

SATURDAY, OCTOBER 18

2025 SPONSOR OPPORTUNITIES

Thank you for considering a sponsorship of the 2nd Annual Cornhole Tournament to support military families through wellness and enrichment at the Y! Benefits are negotiable and will be customized to your needs. Payment plans can be arranged to pledge your support now and pay over the course of this year.

\$3,500 | TITLE SPONSOR

Sends 23 military children to camp

- Major Sponsor reference in all press releases and promotional materials, including advertisements, emails and official event website
- Recognition on YMCA Facility TV Screens
- Recognition on signage placed on fence in week(s) prior to, during and after event
- Name recognition on Cornhole Tournament website
- Recognition from the emcee at the event
- 1 team registration and 2 spectator tickets

\$1,000 | MAJOR SPONSOR

Sends 10 military children to camp

- Recognition on YMCA Facility TV Screens
- Recognition on signage placed on fence in week(s) prior to, during and after event
- Name recognition on Cornhole Tournament website
- Recognition from the emcee at the event
- 1 team registration

\$500 | EVENT BENEFACTOR

Sends 3 military children to camp

- Name recognition on Cornhole Tournament website
- Recognition from the emcee at the event

THANK YOU FOR YOUR SUPPORT!

Contact Brooke Berry, for more information at bberry@ymcasd.org or 760.942.9622 ext. 2049



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2025 SPONSOR CONFIRMATION FORM

THANK YOU for committing to be a sponsor of the 2nd Annual Cornhole Tournament to support military families through wellness and enrichment at the Y!

YES! I'D LIKE TO SPONSOR THE EVENT AT THE FOLLOWING LEVEL:

☐ **\$3,500 TITLE SPONSOR** ☐ **\$1,000 MAJOR SPONSOR** ☐ **\$500 EVENT BENEFACTOR**

☐ **OTHER:** _____

My check for \$ _____ payable to the Joe and Mary Mottino Family YMCA is enclosed.

Please charge \$ _____ to my ☐ Visa ☐ MC ☐ Discover ☐ AMEX

Card Number: _____

Expiration: _____

Name on Card: _____

☐ 1 time payment in full ☐ I'd like to be charged monthly. ☐ I'd like to discuss a payment plan with YMCA staff.

Company Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Please print names exactly as they should appear in recognition pieces.
A YMCA representative will contact you for your company logo or other printed materials needed.

THANK YOU FOR YOUR SUPPORT!

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