RIVERS CLUB

In Association With

PITTSBURGH SQUASH RACQUETS ASSOCIATION

Proudly Presents The

9 TH Annual

Pittsburgh Open

Squash Tournament

November 18 TH - November 23 rd, 1999

Benefiting

leukemia® society of america

'atron Sponsorship Agreement

General Information

The Rivers Club is honored to host the 9TH Annual Pittsburgh Open. The Pittsburgh Open is a USSRA sanctioned event that is run in cooperation with the PSRA.

Sponsorship Packages*

Platinum Patron Sponsor

Fee: $500.00

Your Platinum Patron benefits include your name or company listed the Pittsburgh Open Program*, four tickets to the semi-final and final rounds, participation in the amateur rounds, four tickets to the *Pittsburgh Open- Patron Recognition Night*, and a Platinum level goodie bag.

Gold Patron Sponsor Fee: $300.00

Your Gold Patron benefits include your name or company listed the Pittsburgh Open Program*, two tickets to the semi-final and final rounds, participation in the amateur rounds, two tickets to the *Pittsburgh Open- Patron Recognition Night*, and a goodie bag.

Patron Sponsor Fee: $200.00

Your Patron benefits include your name or company listed the Pittsburgh Open Program*, one ticket to the semi-final and final rounds, participation in the amateur rounds, one ticket to the *Pittsburgh Open- Patron Recognition Night*, and a goodie bag.

* The Pittsburgh Open Program will be distributed to over 2700 Rivers Club Members and tournament participants & spectators.

Please complete the attached form and return to Jim at the Club by November 12TH:

Rivers Club
301 Grant Street, Ste.#411
Pittsburgh, PA 15219

Sponsorship Agreement*

As a ________________ *Patron Sponsor*, I, ________________________________, agree to donat
$________ to the 1999 Pittsburgh Open. In return for this donation, I understand I shall receive the Sponsor benefits previously listed in this brochure.

*All fees are nonrefundable.

Rivers Club Members:
Please apply these charges to my Member Account.

________________________________ ______________
Print Name Member #

________________________________ ______________
Signature Date

Non-Members
Please apply these charges to my Credit card (Visa/MC/American Express).

________________________________ ______________
Print Name Date

____
Signature

________________________________ ______________
Account Number Expiration

q Check Enclosed

____
Signature

I would like to become a USSRA/PSRA member,
ase charge me $55.00 for the 1999-2000 season.
r more information call 362-2147.