

# ROBERTA HUGHES WRIGHT MEMORIAL GOLF CLASSIC

THURSDAY, AUGUST 6, 2026 FROM 7:30AM - 3:00PM  
LAKES OF TAYLOR GOLF COURSE



THE CHARLES H. WRIGHT MUSEUM OF AFRICAN AMERICAN HISTORY - WOMEN'S COMMITTEE

## SPONSOR AGREEMENT

Includes 18 holes of golf, gift, Lunch at The Turn, Cash Prizes, & Award Buffet for golfers.  
Activities, bingo, Award Buffet and a gift for nongolfers.

**\$10,000 Partnering Sponsor**

- Logo/Name Golf Marketing Sponsor
- Logo/link on The Wright Museum Website & Women's Committee Social Media
- Event Signage
- Vendor table at event
- Registration for four golfers

**\$5000 Wright Sponsor**

- Registration for four golfers
- Banner or Logo display
- Logo/link on The Wright Museum Website & Women's Committee Social Media

**\$2500 JD Sponsor**

- Registration for two golfers
- Acknowledged in printed media
- Banner or Logo Display

**\$1500 Activist Sponsor**

- Registration for two golfers
- Acknowledged in printed media

**\$700 Foursome Sponsor**

- Registration for four golfers
- Acknowledged in printed media

**\$500 PhD Sponsor**

- Registration for one golfer
- Acknowledged in printed media

**\$300 Author Sponsor**

- Signage on a Golf or Beverage Cart

**\$250 Contest**

- Closest to Pin
- Longest Drive
- Golfing Awards

**\$175 Hole Sign**

- Sign with Corporation/Organization name placed on a hole

**Virtual Golfer (Donation) \$ \_\_\_\_\_**

Name/Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Please indicate above, by checking the appropriate circle, your selected sponsorship level. If your Sponsorship entitles you to a foursome, please list on the back of this form the individuals who will represent you/your organization.

# FOURSOME TEAM LISTING

Team Represents: \_\_\_\_\_

Sponsor/Individual Team

**Golfer #1:**

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

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Golfer #2:**

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

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Golfer #3:**

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

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Golfer #4:**

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

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

**DEADLINE: MONDAY, JULY 20, 2026**

Registrations and/or Sponsorship may be paid on the website: [www.thewright.org/programs](http://www.thewright.org/programs)  
You may also send the completed form and check payable to the Charles H. Wright Museum  
(in memo section write 2026 RHWGC).

Michelle Daniel  
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THE CHARLES H. WRIGHT  
MUSEUM OF AFRICAN  
AMERICAN HISTORY