



# THURSDAY, SEPTEMBER 30, 2021 HACKENSACK GOLF CLUB, ORADELL, NJ

## REGISTRATION FORM

### SPONSORSHIP OPPORTUNITIES

<input type="checkbox"/> <b>TOURNAMENT SPONSOR:</b> 8 players, major recognition	\$20,000
<input type="checkbox"/> <b>DINNER SPONSOR:</b> 8 players, special recognition	\$15,000
<input type="checkbox"/> <b>COCKTAIL HOUR SPONSOR:</b> 4 players, special recognition	\$10,000
<input type="checkbox"/> <b>LUNCHEON SPONSOR:</b> 4 players, special recognition	\$10,000
<input type="checkbox"/> <b>BREAKFAST SPONSOR:</b> 4 players, special recognition	\$8,000
<input type="checkbox"/> <b>LEADERBOARD AND SCORING SPONSOR:</b> 4 players, electronic recognition	\$8,000
<input type="checkbox"/> <b>DRIVING RANGE OR PUTTING GREEN SPONSOR:</b> 4 players, special recognition	\$6,000
<input type="checkbox"/> <b>CART SPONSOR:</b> 4 players, recognition on golf carts	\$6,000
<input type="checkbox"/> <b>REFRESHMENT STATION SPONSOR:</b> recognition at refreshment holes	\$2,500
<input type="checkbox"/> <b>EAGLE:</b> 1 player, recognition at hole or tee	\$2,000
<input type="checkbox"/> <b>CONTEST SPONSOR:</b> recognition at hole	\$2,000
<input type="checkbox"/> <b>HOLE OR TEE SPONSOR:</b> recognition at hole or tee	\$1,500
<input type="checkbox"/> <b>CONTRIBUTOR SPONSOR:</b> recognition in club house	\$600

### RESERVATIONS

<input type="checkbox"/> <b>FOURSOME</b>	\$3,200
<input type="checkbox"/> <b>INDIVIDUAL GOLFER:</b> ____ golfer(s)	\$800
<input type="checkbox"/> <b>POST-GOLF RECEPTION AND DINNER ONLY:</b> ____ dinner(s)	\$200

*(Reservations are on a first-come, first-served basis)*

**TOTAL \$ \_\_\_\_\_**

### SCHEDULE – Pick Preferred Shotgun Start

- 7:45 AM Shotgun Start:** Registration begins at 7:00 AM, includes continental breakfast, lunch, and dinner
- 12:45 PM Shotgun Start:** Registration begins at 11:00 AM, includes lunch and dinner
- 6:00 PM:** Post-Golf Reception *(Please check this box if you plan to attend the reception)*

\_\_\_\_\_  
Name Professional Title Company Name

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Phone Cell E-mail

Visa  Discover  Mastercard  AMEX  
\_\_\_\_\_  
Credit Card Number Expiration Date

\_\_\_\_\_  
Name on Card (please print) Signature

Reservations are on a first-come, first-served basis. For further information, please contact us at **201-833-3187** or e-mail [foundation@holyname.org](mailto:foundation@holyname.org). Please make check payable to the Holy Name Medical Center Foundation. Holy Name Medical Center Foundation is a 501 (c)3 organization; tax ID #22-2737143. Contributions are tax deductible to the fullest extent of the law, the fair market value per golfer is \$350.00. To opt out of any future fundraising communications, please write to the Holy Name Medical Center Foundation, 718 Teaneck Road, Teaneck, NJ 07666 or [foundation@holyname.org](mailto:foundation@holyname.org).