

NJ Club Foundation Golf Outing

August 3, 2015



REGISTRATION FORM FOR CMAA MEMBERS

\$1900.00 per foursome or \$475.00 per player

Company Name: _____

Player Names: 1. _____ **Email:** _____

2. _____ **Email:** _____

3. _____ **Email:** _____

4. _____ **Email:** _____

Reception Only Names _____

Players @ \$475.00 per player \$ _____

Platinum Sponsor @ \$5,000 _____

Gold Sponsor @ \$3,500 _____

Dinner Sponsor @ \$3,000 _____

Lunch Sponsor @ \$2,000 _____

Cocktail Hour @ \$1,500 _____

Beverage Cart @ \$1,000 _____

Ad Display @ \$250 _____

Reception Only @ \$75.00 _____

Total \$ _____

Company Name: _____

Contact Name: _____

Phone: _____ **FAX:** _____

Email Address: _____

Payment Options: CHECK CREDIT CARD

Type of Card: MC VISA AMEX

Credit Card No. _____ - _____ - _____ **Exp. Date** ____/____

Name on Card _____ **Signature:** _____

Billing Address: _____

City _____ **State** _____ **Zip** _____

Please send this completed form by July 15th along with your check payable to NJ Club Foundation to:

Rosemary Panno

NJCMA

PO Box 549

Franklin Lakes, NJ 07417

(201)891-4480 x611

Fax: (201) 891-0211