

NJ Club Foundation Golf Outing

July 23, 2018



REGISTRATION FORM FOR GUESTS

\$2,100 per foursome or \$525 per player

Company Name: _____

Player Names: 1. _____ Email: _____

2. _____ Email: _____

3. _____ Email: _____

4. _____ Email: _____

Reception Only Names _____

Players @ \$525 per player \$ _____

Dinner Sponsor @ \$3,000 _____

Lunch Sponsor @ \$2,000 _____

Cocktail Hour @ \$1,500 _____

Beverage Cart @ \$1,000 _____

Ad Display @ \$250 _____

Reception Only @ \$75 _____

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 ____ / ____ Code _____

Name on Card _____ Signature: _____

Billing Address: _____

City _____ State _____ Zip _____

Please send this completed form by July 9th 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