

NJ Club Foundation Golf Outing

August 7, 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 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