

**NJ Club Foundation Golf Outing**

**Monday, August 19, 2019**



**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