



ANNUAL GOLF TOURNAMENT

Tuesday, July 14, 2020

Montclair Golf Club



Honoring:

Copeland G. Bertsche
Community Leader

ADVANCE REGISTRATION FORM

Company Name / Individual Name

Contact Person(s)

Address

City

State

Zip

Phone Number

E-Mail Address

<input type="checkbox"/>	EAGLE SPONSOR	\$ 15,000
<input type="checkbox"/>	CHALLENGE SPONSOR	\$ 10,000
<input type="checkbox"/>	CORPORATE FOURSOME	\$ 2,750
<input type="checkbox"/>	ACTIVITY SPONSOR	\$ 2,000
<input type="checkbox"/>	GOLF BALL SPONSOR	\$ 2,000
<input type="checkbox"/>	PIN FLAG SPONSOR	\$ 1,000
<input type="checkbox"/>	MULLIGAN SPONSOR	\$ 500
<input type="checkbox"/>	INDIVIDUAL GOLFER	\$ 475
<input type="checkbox"/>	SENIOR GOLFER (65+)	\$ 425
<input type="checkbox"/>	TEE SIGN SPONSOR	\$ 300

<input type="checkbox"/>	TRIBUTE TABLE OF 10	\$ 2,500
<input type="checkbox"/>	PREM. DINNER SPONSOR	\$ 1,000
<input type="checkbox"/>	DINNER SPONSOR	\$ 500
<input type="checkbox"/>	COCKTAILS/DINNER	\$ 160
<input type="checkbox"/>	TRIBUTE AD	\$ _____
<input type="checkbox"/>	DONATION	\$ _____
TOTAL ENCLOSED:		\$ _____

PAYMENT INFORMATION:

Check (payable to Partners for Health) Circle: Visa MasterCard AmEx

Card Number _____ Expiration date ____ / ____ CVV (security code) _____

Name on Card _____ Billing Zip Code _____ Signature _____

Mail form and payment to:

Partners for Health Golf, 54 Plymouth Street, Montclair, NJ 07042

FAX to: (866) 638-3249

MORE INFORMATION: (973) 897-1261 • pscott@partnersfdn.org