



Hackensack Meridian
Jersey Shore University
Medical Center Foundation

GOLF OUTING

MONDAY, JULY 12, 2021
10:30 A.M. REGISTRATION AND BREAKFAST
11:30 A.M. SHOTGUN START

DEAL GOLF & COUNTRY CLUB
AND HOLLYWOOD GOLF CLUB
DEAL, NJ

Registration will begin at 10:30 a.m., boxed breakfast will be provided and lunch stations will be set on the course to enjoy, socially distanced, throughout the day. If guidelines allow, a reception will be held following play. Should a reception not be deemed safe at the time of the event, an alternate celebratory takeaway will be provided to each player.

TOURNAMENT SPONSORSHIP PACKAGES

Multiple sponsorships available - all packages are non-exclusive

___ TOURNAMENT BENEFACTORS - \$25,000

Includes two foursomes of golf, sponsorship mentioned in all press releases, signage and premium recognition throughout the course

___ OUTING SPONSORS - \$15,000

Includes a foursome of golf, sponsorship mentioned in all press releases, signage and premium recognition throughout the course

___ AWARDS RECEPTION SPONSORS - \$10,000

Includes a foursome of golf, prominent signage where dinner will be distributed, sponsorship mentioned in all press releases and signage

___ GOLF CART SPONSORS - \$7,500

Includes a foursome of golf, listing in all press releases, signage and prominent recognition on event day

___ CORPORATE SPONSORS - \$5,000

Includes a foursome of golf, tee/green sponsorship and signage

EVENT SPONSORSHIP

Sponsorships include event signage. Golf is not included.

___ Driving Range Sponsors \$3,000

___ Mid Course Refreshments Sponsors \$1,000

___ Putting Green Sponsors \$2,000

___ Tee/Green Sponsors \$750

RESERVATIONS

___ Individual Golfers at \$1,500 each

___ 50/50 Cash Raffle Tickets at \$20 each

PLEASE INDICATE PREFERRED COURSE:

(NOTE: Sponsors of \$7,500+ will have first choice of courses. First come, first served.)

___ Deal Golf & Country Club

___ Hollywood Golf Club

PLAYER GIFTS

IN ADVANCE OF THE OUTING, GOLFERS WILL RECEIVE A LINK TO PRE-SELECT THEIR PLAYER GIFT, WHICH WILL BE SHIPPED TO THE ADDRESS OF THEIR CHOICE.


PETER MILLAR

Name/Company

Contact Person

Address

City/State/Zip

Email

Phone

Fax

Total Participation \$ _____

Payment Enclosed _____ Invoice _____ Charge _____

Signature required for invoicing or to process credit card charges

___ Visa ___ MasterCard ___ Amex ___ Discover

Credit card # Exp. Date Security Code

Please complete and return this form to Jersey Shore University Medical Center Foundation
at 160 Essex Street, Suite 101, Lodi, NJ 07644 or fax to 551-996-3468. For more information,
please contact Paige Cooper, strategic events coordinator at 201-519-2446 or paige.cooper@hmn.org.

Please contact us at 201-519-2446 or FoundationOptOut@hmn.org if you wish to have your name removed from the list to receive fundraising requests supporting Jersey Shore University Medical Center Foundation in the future.