



Hackensack Meridian  
Ocean University Medical Center  
Foundation

# GOLF OUTING

MONDAY, MAY 16, 2022  
(RAIN DATE MONDAY, MAY 23, 2022)  
10:30 A.M. SHOTGUN START

MANASQUAN RIVER GOLF CLUB  
BRIELLE, NJ

*Registration and breakfast will begin at 9:30 a.m. and a cocktail reception will immediately follow play.  
Should a reception not be deemed safe at the time of the event, a substitution will be provided to each player.*

## TOURNAMENT SPONSORSHIP PACKAGES

MULTIPLE SPONSORSHIPS AVAILABLE  
ALL PACKAGES ARE NON-EXCLUSIVE

### \_\_\_ TITLE SPONSORS - \$20,000

Includes two foursomes of golf, sponsorship mentioned in all press releases, logo on brochure and website, verbal recognition during program, eight mulligans for play on event day, signage and premium recognition throughout the course

### \_\_\_ TOURNAMENT BENEFACTORS - \$15,000

Includes a foursome of golf, sponsorship mentioned in all press releases, verbal recognition during program, four mulligans for play on event day, premium recognition throughout the course and signage

### \_\_\_ DINNER SPONSORS - \$10,000

Includes a foursome of golf, prominent recognition where dinner will be distributed and signage

### \_\_\_ BREAKFAST AND COCKTAIL RECEPTION SPONSORS - \$7,500

Includes a foursome of golf, prominent recognition during breakfast and cocktail reception and signage

### \_\_\_ CORPORATE SPONSORS - \$5,500

Includes a foursome of golf and signage

### \_\_\_ SINGLE GOLFER - \$1,500

Includes a reservation for a single golfer

\_\_\_ \$150 Cocktail Reception Reservation(s)  
begins immediately following golf

## EVENT SPONSORSHIP

INCLUDES EVENT SIGNAGE

\_\_\_ \$3,000 Golf Cart Sponsors

\_\_\_ \$2,000 Halfway House Sponsors

\_\_\_ \$1,000 Player Gift Sponsors

\_\_\_ \$500 Tee/Green Sponsors

### \_\_\_ SUPPORT THE NEW DR. ROBERT H. AND MARY ELLEN HARRIS HEART AND VASCULAR CENTER AT OCEAN UNIVERSITY MEDICAL CENTER

Round up your gift in support of the Harris Heart and Vascular Center to \$500 and receive four extra lives in the form of mulligans for your players on event day. Supporters will also receive additional signage on event day.

### PLAYER GIFTS

GOLFERS WILL BE ABLE TO SELECT  
FROM A VARIETY OF PRODUCTS FROM



\_\_\_ I cannot attend but wish to contribute \$ \_\_\_\_\_

REGISTER ONLINE AT [GIVE.HACKENSACKMERIDIANHEALTH.ORG/OUMCGOLF2022](http://GIVE.HACKENSACKMERIDIANHEALTH.ORG/OUMCGOLF2022)

\_\_\_\_\_  
Name/Company

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

Total Participation \$ \_\_\_\_\_

Payment Enclosed \_\_\_\_\_ Invoice \_\_\_\_\_ Charge \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on the credit card

\_\_\_\_\_  
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 Ocean University Medical Center Foundation**  
at 343 Thornall Street, 7th Floor, Edison, NJ 08837 or fax to 732-212-6799. For more information,  
please contact Meagan O'Flaherty, manager, Strategic Events at 848-275-1361 or [strategievents@hmn.org](mailto:strategievents@hmn.org).

Please contact us at 848-308-5000 or [FoundationOptOut@hmn.org](mailto:FoundationOptOut@hmn.org) if you wish to have your name removed  
from the list to receive fundraising requests supporting Ocean University Medical Center Foundation in the future.



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Please include the following information if you are able:

## FOURSOME NUMBER ONE

### **Golfer One**

Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Handicap \_\_\_\_\_

Food Restrictions (vegan, vegetarian, gluten free, kosher, etc.)  
\_\_\_\_\_

### **Golfer Two**

Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Handicap \_\_\_\_\_

Food Restrictions (vegan, vegetarian, gluten free, kosher, etc.)  
\_\_\_\_\_

### **Golfer Three**

Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Handicap \_\_\_\_\_

Food Restrictions (vegan, vegetarian, gluten free, kosher, etc.)  
\_\_\_\_\_

### **Golfer Four**

Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Handicap \_\_\_\_\_

Food Restrictions (vegan, vegetarian, gluten free, kosher, etc.)  
\_\_\_\_\_

## FOURSOME NUMBER TWO

### **Golfer One**

Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Handicap \_\_\_\_\_

Food Restrictions (vegan, vegetarian, gluten free, kosher, etc.)  
\_\_\_\_\_

### **Golfer Two**

Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Handicap \_\_\_\_\_

Food Restrictions (vegan, vegetarian, gluten free, kosher, etc.)  
\_\_\_\_\_

### **Golfer Three**

Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Handicap \_\_\_\_\_

Food Restrictions (vegan, vegetarian, gluten free, kosher, etc.)  
\_\_\_\_\_

### **Golfer Four**

Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Handicap \_\_\_\_\_

Food Restrictions (vegan, vegetarian, gluten free, kosher, etc.)  
\_\_\_\_\_