



Monday, July 10, 2023
11:30 a.m. Registration and Breakfast
12:30 p.m. Shotgun Start

Deal Golf & Country Club

and Hollywood Golf Club

Deal, NJ

Cocktail reception to follow play at both clubs

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, logo on brochure and website, verbal recognition during program, eight mulligans for play on event day, signage and premium recognition throughout the course

___OUTING SPONSORS - \$15,000

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

___DINNER RECEPTION SPONSORS - \$10,000

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

___GOLF CART SPONSORS - \$7,500

Includes a foursome of golf, prominent recognition on golf carts and signage

___CORPORATE SPONSORS - \$5,500

Includes a foursome of golf and signage

EVENT SPONSORSHIP

Sponsorships include event signage. Golf is not included.

- ___Driving Range Sponsors \$4,000
- ___ Halfway House Sponsors \$3,000
- ___Putting Green Sponsors \$2,000
- ___Tee/Green Sponsors \$1,000

RESERVATIONS

- ___Individual Golfers at \$1,500 each
- ___\$150 Cocktail Reception Reservation(s)
 *Begins immediately following golf.

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

Visit GiveHMH.org/JSUMCGolf to register online.

| | Total Participation \$ | Total Participation \$ | | |
|----------------|---------------------------------|--|---------------|--|
| Name/Company | Payment Enclosed | Invoice | Charge | |
| Contact Person | | | | |
| | Name as it appears on the cree | Name as it appears on the credit card | | |
| Address | | | | |
| | Signature required for invoicin | Signature required for invoicing or to process credit card charges | | |
| City/State/Zip | Visa MasterCard | Amex | Discover | |
| Email | Credit card # | Exp. Date | Security Code | |
| Phone Fax | | | | |

Please complete and return this form to Jersey Shore University Medical Center Foundation

at 343 Thornall Street, 7th Floor, Edison, NJ 08837. For more information, please contact Paige Cooper, operations specialist, Strategic Events, at paige.cooper@hmhn.org or 201-519-2446.