



## TOURNAMENT SPONSORSHIP PACKAGES

All sponsorships include lunch, dinner reception as well as printed and digital signage at the Golf Outing and on the foundation's website.

### \_\_\_ PRESENTING SPONSOR - \$50,000

Includes two foursomes of golf, eight additional reception guests, listing on website and premier signage

### \_\_\_ TOURNAMENT SPONSORS - \$25,000

Includes two foursomes of golf, four additional reception guests and premier signage

### \_\_\_ RECEPTION SPONSORS - \$15,000

Includes a foursome of golf, four additional reception guests and premier signage at the reception

### \_\_\_ LUNCHEON SPONSORS - \$12,500

Includes a foursome of golf, four additional reception guests and premier signage at the luncheon

### \_\_\_ HOSPITALITY STATION SPONSORS - \$10,000

Includes two golfers and two additional reception guests

### \_\_\_ FOURSOME PACKAGES - \$8,000

Includes breakfast, lunch, cocktails and reception for four golfers and signage

## SIGNAGE

Golf is not included.

- \_\_\_ Putting Green Signage \$5,000
- \_\_\_ Driving Range Signage \$3,000
- \_\_\_ Tee/Hole Signage \$2,000

## RESERVATIONS

- \_\_\_ Individual Golfers \$2,000 - Upper Course
- \_\_\_ Individual Golfers \$2,500 - Lower Course
- \_\_\_ Reception \$300 each

## RSVP BY FRIDAY, SEPTEMBER 23

We request you RSVP by September 23 to ensure you will be included on signage.

Course preference can only be guaranteed for sponsors.

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

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

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

I am not able to attend, but would like to contribute \$ \_\_\_\_\_  
Make checks payable to: JFK University Medical Center Foundation

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

\_\_\_\_\_  
Signature required for invoicing or to process credit card charges

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ Amex \_\_\_ Discover

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Credit card # Exp. Date Security Code

**Please complete and return this form to JFK 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 201-519-2446 or paige.cooper@hmhn.org.

Please contact us at 201-519-2446 or FoundationOptOut@hmhn.org if you wish to have your name removed from the list to receive fundraising requests supporting Hackensack Meridian Health Foundation in the future.



Top sponsors are given first preference for course choice.  
If you do not choose a course, we will reserve an available course for you

Please select your preferred course:

Upper Course

Lower Course

**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.)  
\_\_\_\_\_