



Hackensack Meridian
Raritan Bay Medical Center
Foundation



Hackensack Meridian
Old Bridge Medical Center
Foundation



GOLF OUTING

MONDAY, JUNE 13, 2022
NOON SHOTGUN START

TPC JASNA POLANA
PRINCETON, NJ

Registration will begin at 11 a.m. and a boxed lunch will be served prior to the shotgun start at noon.
Refreshments will be available on the course throughout the day and a reception will follow play.

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 website, signage and premium recognition throughout the course

___ TOURNAMENT BENEFACTORS ~ \$15,000

Includes a foursome of golf, sponsorship mentioned in all press releases,
logo on website and signage

___ RECEPTION SPONSORS ~ \$10,000

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

___ LUNCH SPONSORS ~ \$7,500

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

___ CORPORATE SPONSORS ~ \$5,500

Includes a foursome of golf and signage

___ INDIVIDUAL GOLFER REGISTRATION ~ \$1,500

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

___ I cannot attend but wish to contribute \$ _____

NEW THIS YEAR

EXCLUSIVE OPPORTUNITIES:

___ \$10,000 GPS Golf Cart Sponsor - limited to two
Your logo will appear on the electronic display in the golf carts
on two holes on either the back or front nine and you will also
receive a foursome of golf

___ \$7,500 Beverage Cart Sponsor - limited to two
Your logo will be displayed on one of two carts as they roam throughout
the day and you will also receive a foursome of golf

___ \$5,000 Golf Ball Sponsor - limited to one
Your logo will appear on a sleeve of golf balls distributed to
each player and you will also receive reservations for two golfers

Customized sponsorships are always available; please email to inquire.

EVENT SPONSORSHIP

INCLUDES EVENT SIGNAGE AT DESIGNATED LOCATION

___ \$3,000 Golf Cart Sponsors

___ \$2,000 Putting Green Sponsors

___ \$1,000 Driving Range Sponsors

___ \$500 Tee/Green Sponsors

___ SUPPORT BEHAVIORAL HEALTH SERVICES AT RARITAN BAY MEDICAL CENTER AND OLD BRIDGE MEDICAL CENTER

Round up your gift in support of the new certified inpatient
Behavioral Health Center of Excellence® by \$500 and
receive four 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 ITEMS



REGISTER ONLINE AT GIVE.HACKENSACKMERIDIANHEALTH.ORG/RBMCGOLF

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 Raritan Bay 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, strategic events manager, at 848-275-1361 or strategicevents@hmn.org.

Please contact us at 848-275-1361 or FoundationOptOut@hmn.org if you wish to have your name removed from the list to receive
fundraising requests supporting Raritan Bay Medical Center Foundation and Old Bridge 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.):
