



REGISTRATION & SPONSORSHIP FORM

Monday, May 9th 2016

The 24th Annual CHARITY GOLF CLASSIC

All proceeds support VNA Hospice Care & Rosie's Place.

Format: Four-person Scramble Team Best Ball

All players must submit a handicap • Soft spikes only & proper attire is required

Name / Company	
E-mail	Telephone
Street Address	
City	State Zip
Handicap / Avg. Score	Jacket Size <input type="checkbox"/> Men's <input type="checkbox"/> Women's

Name / Company	
E-mail	Telephone
Street Address	
City	State Zip
Handicap / Avg. Score	Jacket Size <input type="checkbox"/> Men's <input type="checkbox"/> Women's

Name / Company	
E-mail	Telephone
Street Address	
City	State Zip
Handicap / Avg. Score	Jacket Size <input type="checkbox"/> Men's <input type="checkbox"/> Women's

Name / Company	
E-mail	Telephone
Street Address	
City	State Zip
Handicap / Avg. Score	Jacket Size <input type="checkbox"/> Men's <input type="checkbox"/> Women's

- Tournament Host** (Includes 4 players) **\$5,000**
- Lunch Sponsor** (Includes 4 players) **\$4,000**
- Cocktail Sponsor** (Includes 4 players) **\$4,000**
- Gift Sponsor** (Includes 4 players) **\$4,000**
- Hole-In-One Sponsor** (Includes 2 players) **\$2,000**
- Prize Sponsor** (Includes 2 players) **\$2,000**
- Goodie Bag Sponsor** (Includes 2 players) **\$1,500**

- Putting Green Sponsor** (Includes 2 players) **\$1,500**
- Tee/Green Sponsor** (Includes 4 players) **\$1,500**
- Golf, Breakfast, Lunch** (1 player) **\$250**
- Tee/Green Sponsor** **\$400**
- Lunch Only** **\$50**
- Other** _____

Total: _____

Name to appear on signage (for sponsors only): _____

Contact person (if different) and company name: _____

City / State / Zip: _____

Telephone & E-mail: _____

I AM MAKING MY PAYMENT BY: **CHECK** (make payable to New England Coffee Company) **CREDIT CARD** (MasterCard & Visa Only)

SUBMIT REGISTRATION & PAYMENT TO:

New England Tea & Coffee Company
A Division of Reily Foods Company
Golf Tournament
100 Charles St. Malden, MA 02148
(800) 225-3537 • Fax (781) 388-2838

Cardholder's Name _____ Phone Number _____

Credit Card Number _____ CVV Code _____ Expiration Date _____

Cardholder's Address (Street / City / State / Zip) _____

For more information: Contact Cristina Sadler at (781) 873-1554 or email at csadler@necoffeeco.com