

REGISTRATION

Register online by visiting saintpetershcs.com/communitygolf

SPONSORSHIPS

- | | |
|--|--|
| <input type="checkbox"/> PRESENTING \$50,000 | <input type="checkbox"/> HALFWAY HOUSE \$4,000 |
| <input type="checkbox"/> COURSE \$25,000 | <input type="checkbox"/> LUNCH \$3,000 |
| <input type="checkbox"/> DINNER \$10,000 | <input type="checkbox"/> BIRDIE \$2,000 |
| <input type="checkbox"/> HOLE-IN-ONE \$7,500 | <input type="checkbox"/> PUTTING CONTEST \$1,500 |
| <input type="checkbox"/> CART \$6,000 | <input type="checkbox"/> DRIVING RANGE \$1,000 |
| <input type="checkbox"/> BEVERAGE CART \$5,000 | <input type="checkbox"/> TEE SIGN \$250 |
|
 | |
| <input type="checkbox"/> INDIVIDUAL GOLFER(S) \$500
of Reservations _____ | |
| <input type="checkbox"/> DINNER RESERVATION \$150
of Reservations _____ | |

I/We cannot attend, but would like to donate \$ _____

Proceeds raised will benefit The Children's Hospital General Fund. If you would prefer to designate your gift to a pediatric program featured at the outing, please select below:

- Neonatal Intensive Care Unit
- Pediatric Hematology/Oncology Unit
- Pediatric Intensive Care Unit

PAYMENT

Enclosed in my/our check, payable to Saint Peter's Foundation in the amount of \$ _____

Please charge my card in the amount of \$ _____

Name on Card _____

Card # _____

Exp. Date _____ CCV _____

Signature _____

- Please see reverse -

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CONTACT

Guest Name/Company _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

GOLFER(S)

Please include name(s) and email(s)

LUNCHEON/DINNER GUEST(S)

Please include name(s) and email(s)

Please complete and return registration form by June 14, 2021

Questions?

Call 732.745.8542 or email spfoundation@saintpetersuh.com



The charitable contribution for federal income tax purposes is limited to the excess of the amount paid over the fair market value of the services received. The estimated fair market value per golfer is \$280, cocktails and dinner only is \$95.