

REGISTRATION

- | | |
|--|---|
| <input type="checkbox"/> PRESENTING - \$20,000 | <input type="checkbox"/> GOLFER(S) - \$1,200 |
| <input type="checkbox"/> EAGLE - \$15,000 | # of reservations: _____ |
| <input type="checkbox"/> DINNER - \$10,000 | <input type="checkbox"/> TEE SIGN - \$450 |
| <input type="checkbox"/> HALFWAY HOUSE - \$8,000 | <input type="checkbox"/> DINNER TICKET - \$200 |
| <input type="checkbox"/> CART - \$7,500 | # of reservations: _____ |
| <input type="checkbox"/> BRUNCH - \$6,000 | <input type="checkbox"/> I/We cannot attend but |
| <input type="checkbox"/> BIRDIE - \$5,000 | would like to donate |
| <input type="checkbox"/> BEVERAGE CART - \$4,000 | \$ _____ |
| <input type="checkbox"/> PUTTING GREEN - \$3,500 | |
| <input type="checkbox"/> DRIVING RANGE - \$3,000 | |

CONTACT

Guest Name/Company _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

PAYMENT

Enclosed is 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 _____

To register online, visit
www.saintpetershcs.com/golfclassic

GOLFER(S)

Please include name(s) and email(s)

DINNER GUEST(S)

Please include name(s) and email(s)

To register online, visit
www.saintpetershcs.com/golfclassic

Please complete and return registration form
by September 6, 2021



732.745.6678 | 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 \$600; dinner only is \$140.