

# Golfer Registration

Golf package includes golf, lunch, cocktails, dinner

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

HANDICAP OR AVG. SCORE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

HANDICAP OR AVG. SCORE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

HANDICAP OR AVG. SCORE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

HANDICAP OR AVG. SCORE \_\_\_\_\_

EMAIL \_\_\_\_\_

## Credit Card Information

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CARD # \_\_\_\_\_ V-CODE \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SPONSOR/COMPANY NAME (IF APPLICABLE) \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_



# SPONSORSHIP OPPORTUNITIES

All Sponsorships receive recognition signage

## Please check your level of sponsorship

- |   |          |
|---|----------|
| <input type="checkbox"/> <b>The Masters</b>         | \$10,000 |
| • Two foursomes in the golf classic                 |          |
| • Eight additional dinner guests                    |          |
| <input type="checkbox"/> <b>The Open</b>            | \$7,500  |
| • One foursome in the golf classic                  |          |
| • Four additional dinner guests                     |          |
| <input type="checkbox"/> <b>Dinner</b>              | \$5,000  |
| <input type="checkbox"/> <b>Cocktail Reception</b>  | \$3,500  |
| <input type="checkbox"/> <b>Lunch</b>               | \$2,500  |
| <input type="checkbox"/> <b>Hors d'oeuvres</b>      | \$1,750  |
| <input type="checkbox"/> <b>Course Refreshments</b> | \$1,500  |
| <input type="checkbox"/> <b>Practice Range</b>      | \$1,000  |
| <input type="checkbox"/> <b>Hole or Green</b>       | \$500    |

- 
- |   |         |
|---|---------|
| <input type="checkbox"/> <b>Golf Foursome</b>               | \$1,600 |
| <input type="checkbox"/> <b>Individual Golfer</b>           | \$400   |
| <input type="checkbox"/> <b>Cocktails &amp; Dinner only</b> | \$125   |

- |  |          |
|--|----------|
| <input type="checkbox"/> I am unable to attend, please accept this contribution of | \$ _____ |
|--|----------|

**TOTAL ENCLOSED** \$ \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> I wish for my donation to remain anonymous  |  |
| <input type="checkbox"/> Enclosed is a check payable to:<br>"IEA"<br>381 Madison Avenue, New Milford, NJ 07646<br>Attn: Golf Classic |  |
| <input type="checkbox"/> I prefer to pay with a credit card<br>(Please provide information on reverse side)                          |  |

The cost of tournament entry in excess of \$315 is tax deductible as allowable by law.  
Dinner guest only cost in excess of \$85 is tax deductible as allowable by law.

**REGISTRATION DEADLINE IS JULY 21, 2017**  
**FOR MORE INFORMATION, PLEASE PHONE IEA (201) 262-3287**  
**TO REGISTER ONLINE VISIT [WWW.IEASCHOOL.ORG](http://WWW.IEASCHOOL.ORG)**

