



Auxiliary of Shore Medical Center | Wednesday, June 11, 2014 | Atlantic City Country Club

SPONSORSHIP OPPORTUNITIES

All sponsors will receive recognition in the tournament program

- Inner Circle Sponsor \$7,500
Sponsor board signage, sign on each cart, foursome & 4 additional reception guests
- Cocktail Reception Sponsor \$5,000
Sponsor board signage, signage in the clubhouse, foursome & 4 additional reception guests
- Diamond Sponsor \$2,500
Sponsor board signage, foursome & 4 additional reception guests
- Luncheon Sponsor \$2,000
Signage in clubhouse & 4 guests for BBQ lunch
- Emerald Sponsor \$1,500
Sponsor board signage, 2 golfers & 2 additional reception guests
- Driving Range Sponsor \$1,500
Signage at range & 2 reception guests
- Foursome Sponsor \$1,100
- Beverage/Snack Cart Sponsor \$1,000
One sponsor per flight - Refreshment site signage
- Breakfast Sponsor \$1,000 - Signage in clubhouse
- Platinum Sign \$500
- Gold Sign \$300
- Silver Sign \$175

Please complete the information below and fill out the information on the opposite side (if appropriate) and return by May 23, 2014.

Name _____

Company _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Sign to read _____

ADDITIONAL RECEPTION GUESTS: \$75 each
Cocktail Reception and Awards Ceremony begins at 6 pm.

Names _____

Proceeds raised by the Auxiliary of Shore Medical Center benefit Shore Medical Center's Outpatient Diagnostic Imaging & Women's Center

PLAYER REGISTRATION

\$275 per player (includes BBQ lunch & reception)

Player #1 _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Tee Time: __ 7:15 am __ 1 pm Attending Reception: __Yes __ No

Player #2 _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Tee Time: __ 7:15 am __ 1 pm Attending Reception: __Yes __ No

Player #3 _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Tee Time: __ 7:15 am __ 1 pm Attending Reception: __Yes __ No

Player #4 _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Tee Time: __ 7:15 am __ 1 pm Attending Reception: __Yes __ No

PAYMENT OPTIONS

Check or Credit Card: VISA MC AMEX DISCOVER (circle one)

Account # _____

Exp. _____ Amount _____

Name _____

Make checks payable to:

THE AUXILIARY OF SHORE MEDICAL CENTER
100 Medical Center Way, Somers Point, NJ 08244