

2021 GOLF REGISTRATION

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Fees: \$1,400 per Foursome • \$350 per Golfer

☐ *I cannot attend. Enclosed is a donation of \$ _____*

**PLEASE MAKE CHECK PAYABLE TO:
SISTERS OF CHARITY OF SAINT ELIZABETH**

For **DINNER RESERVATIONS ONLY** see reverse side.

DINNER RESERVATION ONLY

\$100 per person for cocktails and dinner
at Shackamaxon Country Club.

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Enclosed is my check for \$ _____ for
dinner reservations.

PLEASE MAKE CHECK PAYABLE TO:
SISTERS OF CHARITY
OF SAINT ELIZABETH
or provide credit card information below



CREDIT CARD INFORMATION

Please use my credit card:

☐ *Visa* ☐ *MasterCard* ☐ *American Express*

Card Number: _____

Expiration Date: _____

Name as it Appears on Card

Mail to: **Sisters of Charity of Saint Elizabeth**
Development Office
P.O. Box 476
Convent Station, NJ 07961-0476

2021 SPONSOR REGISTRATION

Sponsor _____

Representative _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

SPONSORSHIP

- ☐ Title Sponsor \$10,000
- ☐ Dinner \$5,000
- ☐ Brunch \$3,000
- ☐ Printing *SOLD*
- ☐ Cocktail Sponsors \$1,500
- ☐ Beverage Sponsors \$1,000
- ☐ Prize Sponsors \$1,000
- ☐ Carts \$1,000
- ☐ Putting Green \$500
- ☐ Driving Range \$500
- ☐ Hole-In-One Sponsor *OPEN*
- ☐ Closest-to-the-Pin Contest \$250
- ☐ Hole Sponsors \$250
(each)

*Hole sponsors will be recognized with placards at their
respective tees.*

Sponsor name as you would like it to appear

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OF SAINT ELIZABETH**

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