



CONTACT INFORMATION

Name: _____

Business Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Home Business Cell

Email: _____

SPONSORSHIPS, PARTICIPATION & DONATIONS

Ace • \$1,800

Birdie • \$500

Dinner Tickets • \$36

Dinner Sponsor • \$1,500

Par • \$175

Terri Goldsmith Memorial
Golf Tournament Donation
of \$_____

Eagle • \$900

Putting Green • \$180

Lunch Sponsor • \$750

Hole Sponsor • \$150

GOLFER REGISTRATION

\$175 per player includes: Green fees and cart, box lunch and post golf dinner reception.

1. Player's Name: _____ Handicap*_____

2. Player's Name: _____ Handicap*_____

3. Player's Name: _____ Handicap*_____

4. Player's Name: _____ Handicap*_____

* If you do not have an official handicap (36 max), please indicate average score for the last five rounds

PAYMENT INFORMATION

_____ Accept my payment of \$ _____

_____ Check is enclosed, payable to Temple Emanu-El

_____ Charge my credit card: Visa Mastercard

Card #: _____ Exp: _____

CVC #: _____ Signature: _____

Billing Information if different than above:

Name _____

Address: _____

City/State/Zip: _____

Send form and payment to: Temple Emanu-El • Attn: Golf Tournament
P.O. Box 288 • Waterford, CT 06385