

The DEE TUFANO MEMORIAL GOLF TOURNAMENT

For the benefit of the Joan Nicole Prince Home



FRIDAY, AUGUST 25, 2017

MOHAWK GOLF CLUB, SCHENECTADY, NY

GOLF TOURNAMENT ♦ LIVE ENTERTAINMENT ♦ SILENT AUCTION

2:00 PM – Registration

3:00 PM – Shotgun Start

Nine-Hole golf scramble

5:30 PM – Dinner & Live Music

On The Terrace

\$ 125 PER PLAYER (ALL-INCLUSIVE)

- OR -

\$ 50 DINNER ONLY

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Adam VanDervoort

* *Deceased*



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Sponsorship Opportunities

(Please Check Sponsorship Type)

___ **DINNER & AWARDS SPONSOR** \$ 3,000

Sponsorship of entire evening program with name featured at each table
Four complimentary passes to golf and a special acknowledgement

___ **19TH HOLE SPONSOR** \$ 1,750

Sponsorship of reception after golf with recognition during live music performance
Four complimentary passes to golf

___ **SHOOTOUT SPONSOR** \$ 1,500

Sponsorship of 90-yard shootout culminating in a chance to win \$50,000
Name featured prominently on course and clubhouse patio
Two complimentary passes to golf

___ **DRIVING RANGE SPONSOR** \$ 1,250

Name featured on Practice Tee
Two complimentary passes to golf

___ **CART SPONSOR** \$ 1,250

Name Featured on every golf cart

___ **FLAG SPONSOR** \$ 1,000

Name Featured on all nine course flags

___ **PUTTING GREEN SPONSOR** \$ 500

___ **TEE SPONSOR** \$ 200

Name on Tee Sign

___ **Golf @ \$125 Per Person**

___ **Persons for Dinner Only @ \$50 per person**

Company _____

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Golfers Names _____

(if applicable) _____

*Please make checks payable to Joan Nicole Prince Home
and mail to Susan Tomlinson, Executive Director
Joan Nicole Prince Home ♦ PO Box 2122 ♦ Scotia, NY 12302*

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Individual Registration Form

GOLFER #1

Name _____
Address _____
Phone _____
E-Mail _____
Handicap _____

GOLFER #2

Name _____
Address _____
Phone _____
E-Mail _____
Handicap _____

GOLFER #3

Name _____
Address _____
Phone _____
E-Mail _____
Handicap _____

GOLFER #4

Name _____
Address _____
Phone _____
E-Mail _____
Handicap _____

PRIMARY CONTACT

Company _____
Name _____
Address _____ City, State, Zip _____
Phone _____ E-Mail _____

PAYMENT (GOLFERS: Contributions in excess of \$85 per golfer are tax deductible)
(DINNER ONLY: Contributions in excess of \$40 per person are tax deductible)

_____ Golfers @ \$125 ea. _____

_____ Dinner Only @ \$50 ea. _____

Unable to participate, but wish to
contribute to JNP Home _____

Total Amount Due \$ _____

PAYMENT METHOD (Please Check One)

_____ Check(s) Enclosed (make payable to Joan Nicole Prince Home)

_____ Mastercard _____ Visa

Name on Card _____ Credit Card # _____

Exp. Month _____ Year _____ Amount _____ Signature _____

Please respond by August 1 and mail to

Susan Tomlinson, Executive Director

Joan Nicole Prince Home ♦ PO Box 2122 ♦ Scotia, NY 12302