

GOLF REGISTRATION

1. FOURSOME HOST NAME:

COMPANY:

ADDRESS:

CITY/STATE/ZIP

PHONE:

FAX:

2. NAME:

COMPANY:

ADDRESS:

CITY/STATE/ZIP

PHONE:

FAX:

3. NAME:

COMPANY:

ADDRESS:

CITY/STATE/ZIP

PHONE:

FAX:

4. NAME:

COMPANY:

ADDRESS:

CITY/STATE/ZIP

PHONE:

FAX:

44TH ANNUAL JFK GOLF CLASSIC

THURSDAY, SEPTEMBER 10, 2009
COLONIA COUNTRY CLUB, COLONIA NJ

To register for the day's activities, complete both sides of this form and return it with your check using the enclosed envelope. Foursome reservations are accepted on a first-paid basis. All sponsorships will be listed in the event program.

Sponsor name to appear on sign

Contact person

Title

Address

City/State/Zip

Phone:

FAX:

If you have any questions, please call the
JFK Foundation at **732-632-1540**.

Mail completed form and checks to:
JFK Medical Center Foundation
80 James Street, Edison, NJ 08820-3938

Please select your sponsorship preference:

TOURNAMENT SPONSOR \$17,000 Includes: Name Recognition on Tournament Literature, 3 Foursomes, Banner at Event, Hole/Tee sign, Logo on JFKMC Foundation website with optional link to corporate website, Sponsor Recognition in Program

DINNER SPONSOR / RECEPTION SPONSOR \$10,000
Includes: 2 Foursomes, Sign at Dinner; Hole/Tee Sign, Logo on JFKMC Foundation website with optional link to corporate website, Sponsor Recognition in Program

LUNCHEON SPONSOR \$7,500 Includes: Foursome, Sign at Reception Location, Hole/Tee Sign, Logo on JFKMC Foundation website with optional link to corporate website, Sponsor Recognition in Program

REFRESHMENT STATION / HALFWAY HOUSE SPONSOR \$5,000 Includes: Foursome, Sign at Location, Hole/Tee Sign, Sponsor Recognition in Program

GOLFER GIFT/PRIZE SPONSOR \$2,500 Includes: Sign at Golfer Gift Table, Sign on Putting Green, Sponsor Recognition in Program

FOURSOME WITH HOLE SPONSORSHIP \$3,000
Includes: Foursome, Hole/Tee Sign, Sponsor Recognition in Program

FOURSOME ONLY \$2,500

HOLE SPONSOR \$1,000 Includes: Hole/Tee Sign, Recognition in Program

PUTTING GREEN SPONSOR \$500
Includes: Signage, Recognition in Program

INDIVIDUAL GOLFER (# of golfers____) \$625

To ensure everyone's enjoyment and to provide for smooth play, spots will be limited.
Each golfer will receive an individual gift package.

Total amount of sponsor registration \$ _____

I am registering _____ foursomes at \$2,500 each \$ _____

I am registering _____ individual golfers at \$625 each \$ _____

I would like to make _____ reservation(s) for the Reception and Dinner only at \$125 each \$ _____

I will not be able to participate in the event, but would like to make a tax-deductible contribution of \$_____ to the JFK Medical Center Foundation.

Enclosed is my check in the amount of \$ _____

Checks should be made payable to JFK Medical Center Foundation (Federal ID #22-2315044)

Credit Card: Visa _____ Master Card _____
American Express _____

Credit Card # _____

Security Code: _____ Exp. Date: _____

Signature: _____