

Registration for Golf & Dinner

WHO WE ARE



Name _____
Company _____
Address _____
City, State & Zip Code _____
Business Phone/Email _____

Name _____
Company _____
Address _____
City, State & Zip Code _____
Business Phone/Email _____

Name _____
Company _____
Address _____
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Company _____
Address _____
City, State & Zip Code _____
Business Phone/Email _____

The New Jersey State Organization of Cystic Fibrosis (NJSOCF) was founded in 1977 to provide direct “hands on” financial assistance to cystic fibrosis patients throughout the state. NJSOCF also provides counseling, referrals and educational materials to cystic fibrosis patients and their families.

NJSOCF is a not-for-profit 501(c)(3) organization that uses its donated dollars to purchase the daily necessities of living for patients with CF. These include prescription drugs, medical equipment, nutritional supplements and extra nutritious foods. Services are available to patients from birth to adulthood. Adult patients receive services through a special state-funded program specifically for adults with cystic fibrosis.

Our mission: to ease the heavy financial burdens placed on CF patients and their families and to provide needed information. No other cystic fibrosis organization in the state provides the same type of focused financial assistance combined with education and counseling.

Our motto: we are the ones who help them breathe easier!

WHO WE HELP

NJSOCF serves cystic fibrosis patients throughout the state. Services are available for patients from birth through adulthood. NJSOCF’s special state-funded adult program provides much-needed direct financial assistance to eligible adults, age 18 and over, who are affected by the disease and qualify for the program.

www.njsocf.org



34TH ANNUAL GOLF TOURNAMENT



WILD TURKEY GOLF CLUB
HAMBURG, NEW JERSEY

FRIDAY, AUGUST 4, 2017

AWARDS DINNER



Please return this section with your check payable to:

NJSO of Cystic Fibrosis
137 Union Blvd.
Totowa, NJ 07512

Tournament Schedule

DATE:

Friday, August 4, 2017

PLACE:

Wild Turkey Golf Club
1 Wild Turkey Way
Hamburg, New Jersey

TIME:

Registration	10:30 am
Barbecue Lunch Begins	11:30 am
Shotgun Start	12:45 pm
Cocktail Hour	6:00 pm
Dinner & Awards	7:00 pm
Silent Auction	8:30 pm

AWARDS:

Team Events

CONTESTS:

Men & Women
Closest to the Pin
Longest Drive

HOLE-IN-ONE OPPORTUNITIES

Golf participation is limited, please respond promptly.

For Information Call:
NJSO of Cystic Fibrosis
(973) 595-1232
das@njsocf.org

www.njsocf.org

You Can Make a Difference for Children & Adults with Cystic Fibrosis

* Grand Masters Sponsor \$2,000.00

Exclusive Hole Sponsorship, One Foursome, Four Grand Receptions, Signage & donation letter.

* Platinum Sponsor \$1,500.00

Exclusive Hole Sponsorship, One Foursome, Four Grand Receptions, Signage & donation letter.

* Gold Sponsor \$1,000.00

Exclusive Hole Sponsorship, 2 Grand Reception invites, Signage and donation letter.

* Silver Sponsor \$500.00

Exclusive Hole Sponsorship, Signage and donation letter.

* Bronze Sponsor \$250.00

Tee or Green Sponsorship, Signage and donation letter.

* Copper Sponsor \$100.00

Signage and donation letter.

* Combination Golf & Grand Reception \$250.00

Includes greens fees, golf cart, giveaway bag, BBQ lunch, locker facilities, tournament prizes, cocktail hour and Grand Reception.

* Grand Reception Only \$65.00

Includes cocktail hour and awards dinner.

Sponsorship Form

- Grand Masters Sponsor..... \$2,000.00
- Platinum Sponsor \$1,500.00
- Gold Sponsor \$1,000.00
- Silver Sponsor..... \$500.00
- Bronze Sponsor..... \$250.00
- Copper Sponsor \$100.00

Please Reserve Combination Golf & Grand Reception

_____ Wild Turkey Golf Club
\$250.00 per person

_____ Grand Reception only
Crystal Springs Country Club
"Rotunda"
\$65.00 per person

I am unable to participate, but would like to "Make A Difference". Please accept my contribution for \$_____.

Name

Company (How Sponsorship Sign Should Read)

Address

City, State & Zip Code

Business Phone/Email

Please complete the section below if paying by credit card:

Visa Mastercard Amex

Credit card # _____ Exp. _____

Name on Card _____

Signature _____

