

## REGISTRATION FOR GOLF & DINNER

Name

Company

Address

City, State & Zip Code

Business Phone / Email

Name

Company

Address

City, State & Zip Code

Business Phone / Email

Name

Company

Address

City, State & Zip Code

Business Phone / Email

Name

Company

Address

City, State & Zip Code

Business Phone / Email

*Please return this section with your check payable to:*

**NJSO of Cystic Fibrosis**

**137 Union Blvd., Totowa, NJ 07512**

## WHO WE ARE

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

NJSOCF is a non-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 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 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](http://www.njsocf.org)



NEW JERSEY STATE  
ORGANIZATION OF  
**CYSTIC FIBROSIS**

# 42<sup>nd</sup> Annual **GOLF** Tournament



NEW JERSEY STATE  
ORGANIZATION OF  
**CYSTIC FIBROSIS**



**FRIDAY, JULY 25, 2025**

**CRYSTAL SPRINGS COUNTRY CLUB**  
1 WILD TURKEY WAY, HAMBURG, NJ 07419

# TOURNAMENT SCHEDULE

**DATE:** Friday, July 25, 2025

**PLACE:** Crystal Springs Resort  
1 Wild Turkey Way  
Hamburg, NJ

**TIME:**

Registration	10:30AM
Bagels/Coffee	10:30AM
Shotgun Start	12:00PM
Cocktail Hour	4:30PM
Dinner & Awards	5:00PM

**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](http://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 and donation letter.

**\*Platinum Sponsor ..... \$1,500.00**  
Exclusive Hole Sponsorship, One Foursome, Four Grand Receptions, Signage and donation letter.

**\*Gold Sponsor ..... \$1,000.00**  
Exclusive Hole Sponsorship, Two Grand Receptions, 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... \$275.00**  
Includes greens fees, golf cart, giveaway bag, bagels, 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**  
\$275.00 per person

**Grand Reception Only  
Crystal Springs Country Club  
"Big Sky Pavilion"**  
\$65.00 per person  
Transportation to and from will be provided.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
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 \_\_\_\_\_

Or visit [WWW.NJSOCF.ORG](http://WWW.NJSOCF.ORG) to pay online!