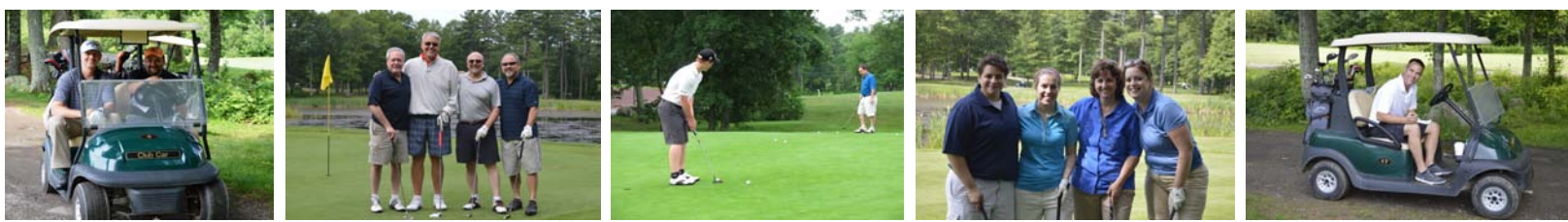


COMMUNITY CARE ALLIANCE GOLF TOURNAMENT
Friday, June 9, 2017 – Crystal Lake Golf Club, Burrillville, RI



GENERAL INFORMATION

- 7:00 a.m. Registration
7:15-7:45 a.m. Putting Contest
8:00 a.m. Shotgun Start/Scramble Format
- Reception, lunch, awards, prizes and raffle immediately follow 18 holes of spectacular golf!
 - Entry fee includes greens fee, golf cart, lunch, gift bag, prizes and awards.
 - Register and pay by May 20th and be entered into Early Bird Raffle for gift card!
 - For directions and course information please visit <http://www.crystallakegolfclub.com>

4 FABULOUS HOLE IN ONE PRIZES

- *** \$10,000 Cash Prize ***
50 inch 4K Smart TV
Set of Calloway Irons
\$500 Visa Gift Card

SPONSORSHIP OPPORTUNITIES

- Ace Sponsor.....\$1500
Sign recognition on all 18 holes & more
- Eagle Sponsor.....\$1000
Sign recognition on 9 holes & more
- Birdie Sponsor.....\$500
Sign recognition on 1st and 18th holes & more
- Registration Sponsor.....\$300
Large sign displayed in registration area
- Hole Sponsor\$150
Name displayed on a tee sign
- Raffle and Gift Bag Sponsor
I will donate the following items:

.....
All sponsors will be listed in our program
See reverse side for Major Sponsor recognition details

PLEASE SEND COMPLETED FORMS & PAYMENT TO

Community Care Alliance
Attn: Wendy Pires
P.O. Box 1700 * Woonsocket, RI 02895
For Information Contact Wendy Pires
401-235-7245 * WPires@CommunityCareRI.org

PLAYER REGISTRATION

1. Name: _____
Business/Agency Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____ Email: _____

2. Name: _____
Business/Agency Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____ Email: _____

3. Name: _____
Business/Agency Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____ Email: _____

4. Name: _____
Business/Agency Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____ Email: _____

Total # of Players _____ x \$135 = \$ _____

I (we) would like to be a sponsor.
Sponsorship Level (please indicate in left column) = \$ _____
 I (we) cannot attend but would like to make a tax-deductible contribution to CCA = \$ _____
Total Enclosed = \$ _____

Check (Payable to Community Care Alliance)
 Mastercard Visa American Express Discover

Credit Card Number: _____
Exp: _____ Name on Card: _____
Billing Address: _____
City, State, Zip: _____
Signature: _____

REGISTRATION AND SPONSORSHIP DEADLINE IS MAY 30TH
If you are interested in playing or sponsoring but you've missed the deadline please call about space and availability.