

COMMUNITY CARE ALLIANCE GOLF TOURNAMENT
Friday, June 7, 2019 – Crystal Lake Golf Club, Burrillville, RI



GENERAL INFORMATION

7:00 a.m. Registration

8:00 a.m. Shotgun Start/Scramble Format

- Reception lunch, snack & drink, awards, and raffle/auction immediately follow 18 holes of spectacular golf!
- Entry fee includes greens fee, golf cart, lunch, gift bag, prizes and hotdog & drink.
- 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>

Air Cannon Contest

\$10.00 per shot
Guaranteed winner of 7 night vacation stay or free rounds of golf at over 65 participating course

SPONSORSHIP OPPORTUNITIES

- Ace Sponsor.....\$1500
Sign recognition on 17 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
- Air Cannon Sponsor.....\$500
includes signage at hole, opportunity to be at hole for greeting golfers and Reception lunch for 2

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 \$150 = \$ _____

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.