



## CONTACT INFORMATION

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ ☐ Home ☐ Business ☐ Cell

Email: \_\_\_\_\_

## SPONSORSHIPS, PARTICIPATION & DONATIONS

☐ Ace • \$1,800

☐ Eagle • \$900

☐ Event Sponsor • \$750

☐ Birdie • \$500

☐ Par • \$175

☐ Putting Green • \$180

☐ Hole Sponsor • \$150

☐ Dinner Tickets • \$36

☐ Terri Goldsmith Memorial  
Golf Tournament Donation  
of \$ \_\_\_\_\_

## GOLFER REGISTRATION

\$175 per player includes: Green fees and cart, box lunch and post golf dinner reception.

1. Player's Name: \_\_\_\_\_ Handicap\* \_\_\_\_\_

2. Player's Name: \_\_\_\_\_ Handicap\* \_\_\_\_\_

3. Player's Name: \_\_\_\_\_ Handicap\* \_\_\_\_\_

4. Player's Name: \_\_\_\_\_ Handicap\* \_\_\_\_\_

*\* If you do not have an official handicap (36 max), please indicate average score for the last five rounds*

## PAYMENT INFORMATION

\_\_\_\_\_ Accept my payment of \$ \_\_\_\_\_

\_\_\_\_\_ Check is enclosed, payable to Temple Emanu-El

\_\_\_\_\_ Charge my credit card: ☐ Visa ☐ Mastercard

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

CVC #: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Information if different than above:

Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Send form and payment to:** Temple Emanu-El • Attn: Golf Tournament

P.O. Box 288 • Waterford, CT 06385