

# SPONSOR REGISTRATION FORM

## SVA's 23<sup>RD</sup> ANNUAL GOLF OUTING AT BALTUSROL GOLF CLUB THE DON PARCELLS CLASSIC

Kindly complete this registration form

TO BENEFIT A GREAT CAUSE.

### EVENT SPONSOR

☐ With foursome ..... \$10,000

### RECEPTION SPONSOR

☐ With foursome..... \$7,500

### HOLE SPONSOR

☐ With foursome.....\$6,000

### BUFFET LUNCHEON SPONSOR

☐ .....\$3,000

### GOLFERS

☐ Individual..... \$1,600

### RECEPTION

☐ Reception only..... \$125

### CONTRIBUTIONS

☐ I am unable to participate.  
Enclosed is a tax deductible gift in the  
amount of \$ \_\_\_\_\_ payable to  
Saint Vincent Academy.

## REGISTRATION FORM

NAME OF PLAYER \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

Will you attend the reception ? ☐ yes ☐ no

NAME OF PLAYER \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

Will you attend the reception ? ☐ yes ☐ no

NAME OF PLAYER \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

Will you attend the reception ? ☐ yes ☐ no

NAME OF PLAYER \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

Will you attend the reception ? ☐ yes ☐ no

A check in the amount of \$ \_\_\_\_\_ payable to  
St. Vincent Academy is enclosed for the  
sponsorship, players or contribution indicated.  
Reservations made by:

NAME \_\_\_\_\_

TEL# \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Important Note:** for participating golfers,  
please note that \$700 of each golfer's fee is  
not tax deductible.

Checks are payable to Saint Vincent Academy  
228 West Market Street, Newark, NJ 07103  
Tel: 973-622-6406 Fax: 973-622-1128  
email: [cognissanti@svanj.org](mailto:cognissanti@svanj.org)