



Greater New Jersey Motorcoach Association's 2019 Annual Meeting & Marketplace EVENT REGISTRATION FORM

Company Name: _____ Contact Name: _____

Email Address: _____ Phone: _____

EVENTS • OCTOBER 9TH

FALL GOLF OUTING Oct. 9th • 10AM

CHECK BOX
IF ATTENDING
THIS EVENT

Player Information

Player 1 _____

Player 2 _____

Player 3 _____

Player 4 _____

Type	Fee
<input type="radio"/> Event Fee	\$115/pp
<input type="radio"/> Platinum Sponsor (4 at no charge)	No Charge
<input type="radio"/> Gold Sponsor (2 at no charge)	No Charge
<input type="radio"/> Silver Sponsors (1 at no charge)	No Charge
<input type="radio"/> Golf Outing Sponsorship (Specify): _____	

GOLF OUTING SPONSORSHIPS AVAILABLE

(*to benefit our Scholarship Program)

Golf Hole Scholarship Sponsorships	\$75.00 each
Breakfast Scholarship Sponsorships	\$125.00 each
"19th Hole" Golf Sponsorships	\$250.00 each
Beverage Cart Sponsorships	\$500.00 each

MEET & MINGLE Oct. 9th • 6:30PM

CHECK BOX
IF ATTENDING
THIS EVENT

Guest Information (First & Last Name)

1 _____

2 _____

3 _____

4 _____

EVENTS • OCTOBER 10TH

ANNUAL MEETING (Noon) & MINI-MARKETPLACE (11AM)

Oct. 10th

CHECK BOX
IF ATTENDING
THIS EVENT

Guest Information (First & Last Name)

1 _____

2 _____

3 _____

4 _____

Item	Qty
Attending Lunch & Annual Meeting	_____
Reserve Table for Mini-Marketplace (for Sponsors & Allied Members Only)	_____

GROUP LEADER APPRECIATION DAY

Oct. 10th • 10AM

CHECK BOX
IF ATTENDING
THIS EVENT

Estimated Number of Group Leaders Anticipated _____

Number of Buses _____

Please select Bus Company/Group Leader scheduled time to arrive. Time slot selections are held on a first come/first serve basis.

- | | | |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="radio"/> 9:30AM | <input type="radio"/> 10:15AM | <input type="radio"/> 11:00AM |
| <input type="radio"/> 9:45AM | <input type="radio"/> 10:30AM | <input type="radio"/> 11:15AM |
| <input type="radio"/> 10:00AM | <input type="radio"/> 10:45AM | <input type="radio"/> 11:30AM |

PAYMENT INFORMATION

Please charge my credit card in the amount of \$ _____ Card Number _____

Card Type _____ Exp _____ CVC Code _____ Name on card _____

INVOICE ME in the amount of \$ _____

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