

SCHEDULE OF EVENTS

8:00 am Registration
9:00 am Shotgun Start
2:30 pm Dinner Reception



**2019 GOLF CLASSIC Champions:
The Team from Harrington Hospital**



Heritage Country Club
Sampson Road, Charlton, MA



c/o Michael Checkosky
253-257 Main Street
Southbridge, MA 01550

Phone: 508-764-0012
Fax: 508-765-1187
E-mail: mcheckosky@cornerstonebank.com



GOLF CLASSIC

August 5, 2021

Heritage Country Club



To Benefit The Chamber
Charities & Scholarship Fund

Sponsored by



The 2021 GOLF CLASSIC

All to benefit the
Chamber Charities and Scholarship
Fund.

Your Day Includes:

- Continental breakfast
- Greens and cart fees
- Cookout lunch on the course
- Spectacular raffle prizes
 - Contests
- Refreshments on the course
- Reception and dinner after play

SCRAMBLE FORMAT:

All players hit from the best lie

SPONSORSHIPS ARE AVAILABLE

Questions?

Call Mike Checkosky at Cornerstone Bank
508-764-0012

Sponsorships

\$100 Tee Box Sponsor: Includes a sign with your business name and logo at the tee box or green.

\$750 Corporate Sponsor: Includes 1 four-some, Tee Box Sponsor, 4 additional meal tickets for guests, featured in all promotional materials and at event

To further promote your business, please consider providing the following:

- A door prize to be drawn at the conclusion of the tournament.
- Promotional giveaways to be given out to all players in goodie bags. (Please provide 125 up to 5 days before tournament)

Business: _____

Address: _____

Phone: _____

Fax: _____

- ☐ Yes, we will be a Tee-Box sponsor @ \$100
☐ Yes, we will be a Corporate Sponsor @ \$750
☐ Yes, we will provide a door prize

Door Prize will be _____

Valued at _____

- ☐ Yes, we will provide a goodie bag item

Item _____

Thank you to our Lunch Sponsor!

STORZ
KARL STORZ — ENDOSKOPE

Reservation

Please include me as a golfer in the 2021
CMS Chamber of Commerce Golf Classic

____ Foursome(s) at \$500 = \$ _____

____ Individual player(s) at \$135 = \$ _____

____ Dinner only ticket(s) at \$40 = \$ _____

Name: _____

Company: _____

Address: _____

Phone: _____

E-Mail: _____

Player Name(s)

1. _____

2. _____

3. _____

4. _____

Enclosed is my check in the amount of \$ _____

Make all checks payable to:
CMS Chamber of Commerce
Mail your check with this form to:

Cornerstone Bank
c/o Mike Checkosky
235-237 Main Street, Southbridge, MA 01550

Enclosed

Check \$ _____

Visa® ☐ Mastercard® ☐

Card Number _____

Exp. Date _____

Card Holder _____