

# ***Tribute and Registration Form: 21<sup>th</sup> Annual Temple Sinai Golf Tournament***

Please use this form to register to **Sponsor** and/or **Play** in our event, and also to share your thoughts and memories about Alan. Your tribute will be shared with the Kalikow Family who will appreciate hearing from you. Please write your thoughts in the **Tribute Section** below, and then kindly **Register using the form**. Thank you for your support!

## **Player Registration:**

Player Fee:  \$150.00 Single Player Rate    No. of Players: \_\_\_\_\_ Player Payment Total: \$ \_\_\_\_\_

Player Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Foursome Information:**

Please list other players in your group if applicable: \_\_\_\_\_

## **Sponsorship Opportunities:**

**\$1,000 Gold Sponsor:** Greens fees & carts for 4 players, special gifts & dinner for 4 players, 1 tee sign on course, 1 sign at the Award Dinner & inclusion in our publicity program.

**\$675 Corporate Sponsor:** Greens fee & carts for 4 players, dinner for 4 players, 1 tee sign on course & publicity.

**\$500 19<sup>th</sup> Hole Sponsor:** Greens fees & cart for 2 players, dinner, 2 tee signs with guaranteed placement on holes 1 and 10 & publicity.

**\$300 Putting Contest Sponsor \$300:** 1 tee sign at putting contest green & publicity.

**\$250 Hole Sponsor:** 2 tee signs on course & publicity program.

**\$150 Tee Sponsor:** Includes 1 tee sign on course & publicity.

**\$100 Gift Sponsor:** Includes recognition in our publicity program.

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **PAYMENT METHODS**

Check Payable to: **Temple Sinai**       Credit card: Select one     Visa     MasterCard

Name As Appears on Card (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My Credit Card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Total Amount Being Charged: (Player + Sponsorship Total)    \$ \_\_\_\_\_

***Your Tribute to Alan: Please include your thoughts about Alan. Use additional paper or write on back if needed.***

**Kindly Return This Form by Friday, July 5, 2019 by Mail or Drop Off at Temple Sinai (M - F, 9 am – 1:00 pm),  
1 Community Road, Marblehead, MA 01945. For further info, contact Susan at the Temple office (781-631-2763).**

<http://bit.ly/templesinaiqolf2019>