



2026 Gus Johnson Memorial Golf Tournament

Tuesday, August 11, 2026
Tumble Brook Country Club
376 Simsbury Rd., Bloomfield, CT

10:00AM.....Registration, driving range open
11:00AM.....Putting Green and Chipping Contest open
10:30AM - Noon.....Buffet Lunch
12:30PM SHARP.....Shot-gun start
6:00PM.....Cocktail Hour
7:00PM.....Dinner, awards, raffle

2026 SPONSORSHIP OPPORTUNITIES

GOLD SPONSORSHIP (Includes a foursome, logo on flyer, 2 tee signs).....	\$2,500
SILVER SPONSORSHIP (a foursome, 1 tee sign).....	\$2,000
BRONZE SPONSORSHIP (a foursome).....	\$1,500
Registration Gift Sponsor (logo on gift!).....	\$2,000
Cocktail Hour Sponsor.....	SIEMENS
Cart Sponsor (logo on golf carts).....	\$1,250
Dinner Sponsor	\$1,250
Lunch Sponsor.....	\$1,250
Towel Sponsor (logo on golf towels).....	\$1,000
Golf Balls (logo on golf balls).....	2 available at \$800 each
Beverage Station Sponsor.....	\$750
Putting Contest Sponsor.....	\$500
Chipping Contest Sponsor.....	\$500
Longest Drive Sponsor.....	\$500
Closest to the Pin Sponsor.....	\$500
Hole-in-one Contest Sponsor.....	2 available at \$350 each
Hole Sponsor (signage at hole).....	\$250
Donate a gift for all golfers.....	\$300



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Purchase your GAME PACKETS & RAFFLE TICKETS in Advance!

Games packets pre-pay for 6 contests and games GH BOMA will hold throughout the tournament:

4 - On-course "Hit the Green" Raffle Games

1 - Chipping contest

1 - Putting contest

\$30 per individual packet

\$120 for a set of four packets

Buy in advance and save time during registration!

For more information contact the Executive Office:

Jeannie St Onge | jstonge@ssmgt.com

860-243-9691



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**Foursome \$1,200 before July 10
\$1,300 after July 10**

Individual Player \$350

Social/Dinner Only \$100

Name _____ Company _____

Email _____ Phone _____

Address _____

I would like to sponsor the _____ for \$_____.

Player Information

Name _____ Handicap _____ Golf _____ Social/Dinner only

Name _____ Handicap _____ Golf _____ Social/Dinner only

Name _____ Handicap _____ Golf _____ Social/Dinner only

Name _____ Handicap _____ Golf _____ Social/Dinner only

Payment Method

Credit Card# _____ Exp. _____ Invoice me

Total Amount \$ _____ Name on card _____

Billing Address _____

Make checks payable to GH BOMA and send to PO Box 30, Bloomfield, CT 06002

Email form to jstonge@ssmgt.com