FRANE'S RYAN MARROCCO
"EVERYONE WINS"
MEMORIAL SCHOLARSHIP GOLF TOURNAMENT

PINEHILLS GOLF CLUB
Rees Jones & Jack Nicklaus Courses
54 Clubhouse Drive, Plymouth, Massachusetts

Tuesday, May 24, 2022
11:00 AM Shotgun Tee-Off

Early Registration Discount! Register and pay by Dec. 31, 2021, save 10% off our Sponsorship/Golf packages!

A. GOLF PACKAGE OPTIONS:

→ ***The Green Jacket*** **- $3,000.00 - four golfers as described below PLUS an exclusive tee and green sponsorship,$300 in Raffle Tickets, 50/50 Hole & Putting Contest for group.**

→ ***The Jack Nicklaus*** ***- $2,500.00 - four golfers as described below PLUS an exclusive tee and green sponsorship (entire hole).***

→ ***The Arnold Palmer - $ 2,250.00 - four golfers as described below PLUS an exclusive tee or green sponsorship.***

→ ***The Golfer*** **- $500.00 - includes cart, green fees, and use of driving range, locker rooms, continental breakfast, boxed lunch, pre-dinner appetizers, sumptuous dinner buffet.**

B. DINNER & HORS D'OEUVRES ONLY - $75.00 per person *(casual dress)*

C. TEAM PUTTING COMPETITION FOR CASH PRIZES *(during the tournament)*

D. OVER $10,000 IN TOP QUALITY RAFFLE PRIZES *(during dinner)*

Register early to secure your spot! All proceeds benefit our Annual Scholarship Program!

BILL OF FARE

9:30 - 11:00am	Check-In / Continental Breakfast
11:00 AM	Shotgun Start
Lunch	On Course BBQ
4:00 PM	Hors d'oeuvres (Cash Bar)
5:00 PM	Dinner (Casual Dress), Prizes, and Auction of Sports Memorabilia

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A. GOLF OPTIONS

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_____ The Jack Nicklaus @ $2,500.00 per package
_____ The Arnold Palmer @ $2,250.00 per package
_____ The Golfer @ $500 per golfer

We will again be supporting our local food banks by collecting non-perishable food items at the time of registration. Thank you!

Guest's in your foursome (please let FRANE office know if you would like us to arrange a foursome for you)

1. _____ 2. _____

3. _____ 4. _____

B. DINNER & HORS D'OEUVRES ONLY: _____ @ $75.00 PER PERSON $ _____

TOTAL DUE: $ _____

Please check one of the following: _____ Payment Enclosed _____ Bill Credit Card _____ Invoice

Credit Card Type: _____ Master Card _____ Visa _____ American Express

Acct # _____ Exp. Date _____

Authorized Signature: _____ CCV# _____

NAME: _____ COMPANY: _____

ADDRESS: _____
STREET CITY ST ZIP CODE

TELEPHONE: _____ FAX: _____

EMAIL: _____

Email, mail or fax to:
FROZEN & REFRIGERATED ASSOCIATION OF THE NORTHEAST
PO BOX 6377
WOLCOTT, CT 06716
EMAIL : frane@frane.org

Tel: 203-597-7215
Fax. 203-879-0594