



Ladies Golf Classic Registration

RESCHEDULED FOR MONDAY, AUGUST 11TH

AT COLTS NECK GOLF CLUB

7:30 AM REGISTRATION & CONTINENTAL BREAKFAST

8:00 AM 18-HOLE SHOT GUN

9:00 AM GOLF CLINICS & 9-HOLE SCRAMBLE

Name _____

Address _____

Company Name _____

Phone _____ Email _____

Mobile Phone _____ Fax _____

\$180 PER PLAYER

PLEASE CHECK ONE CATEGORY OF PLAY

- NEW TO GOLF CLINIC AND TIPS. ON COURSE DISCUSSION. *(PLEASE BRING A PUTTER AND A NINE IRON)*
- INTERMEDIATE CLINIC AND 9-HOLE SCRAMBLE & AWARDS
- 18-HOLE EQUITABLE STABLEFORD TOURNAMENT* & AWARDS *(A FORM OF STROKE PLAY. REFER TO "RULES OF GOLF" RULE 32)*

***MUST SUPPLY HANDICAP HERE _____ OR PROVIDE NO LATER THAN 5/1 TO BE ELIGIBLE TO WIN**

- I would like to play with (please list)
- I (We) am a sponsor only
- Pair me according to my handicap.
- I (We) am a Vendor. Please contact.

Sponsorship Opportunities

Ticket Sales Cover Less Than 50% of The Basie's Expenses. Thank You for your support!

- EVENT SPONSOR \$3,500
- FASHION SHOW SPONSOR \$1,500
- BEVERAGE CART SPONSOR \$1,200
- GOLF CART SPONSOR \$750
- PUTTING GREEN SPONSORS \$300
- LUNCH SPONSOR \$2,000
- CLINIC SPONSOR \$1,350
- GIFT SPONSOR \$1,000
- BREAKFAST SPONSOR \$500
- TEE/HOLE SPONSORS \$100

REGISTRATION RESPONSE Please return to the Count Basie Theatre Ladies Golf Classic, 99 Monmouth Street, Red Bank, NJ 07701 or fax to 732.224.0787. Questions contact Rachel O. Warnick at 732.224.8778x118

Golf Total \$ _____ Sponsor Total \$ _____

- Check (Payable to Count Basie Theatre Foundation)
- AMEX Discover MasterCard Visa

Card Number _____

Name on Card _____ Exp. Date _____ Security Code _____

Card Billing Address _____ Signature _____