



AUXILIARY OF SHORE MEDICAL CENTER

WEDNESDAY, JUNE 4, 2025 | GREATE BAY

## SPONSORSHIP OPPORTUNITIES

All sponsors will receive recognition in the tournament program.

### ☐ Inner Circle Sponsor \$7,500

Sponsor banner signage, foursome & 4 additional reception guests, promo item for swag bags

### ☐ Dinner Reception Sponsor \$5,000

Sponsor banner signage, signage in the clubhouse, foursome & 4 additional reception guests, promo item for swag bags

### ☐ Diamond Sponsor \$2,500

Sponsor banner signage, foursome & 4 additional reception guests, promo item for swag bags

### ☐ Luncheon Sponsor \$2,000

Signage in clubhouse & 4 guests for lunch

### ☐ Emerald Sponsor \$1,500

Sponsor banner signage, 2 golfers & 2 additional reception guests

### ☐ Driving Range Sponsor \$1,500

Signage at range & 2 reception guests

### ☐ Foursome Sponsor \$1,100

### ☐ Beverage/Snack Cart Sponsor \$1,000

One sponsor per flight - Refreshment site signage (2 only)

### ☐ Breakfast Sponsor \$1,000 - Signage at breakfast

### ☐ Platinum Sign \$500

### ☐ Gold Sign \$300

### ☐ Silver Sign \$175

Please complete the information below and fill out the information on the opposite side (if appropriate) and return by May 24, 2024.

Name \_\_\_\_\_

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Sign to read \_\_\_\_\_

### ADDITIONAL RECEPTION GUESTS: \$75 each

Dinner Reception and Awards Ceremony begins at 6 pm.

Names \_\_\_\_\_

All proceeds raised by the Auxiliary benefit Shore Medical Center  
For More Information, Call 609-653-3986 or email  
jessica.giles@shoremedicalcenter.org.

## PLAYER REGISTRATION

\$275 per player (includes lunch & dinner reception)

Player #1 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Tee Time: \_\_ 8 am \_\_ 1:30 pm Attending Reception: \_\_Yes \_\_ No

Player #2 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Tee Time: \_\_ 8 am \_\_ 1:30 pm Attending Reception: \_\_Yes \_\_ No

Player #3 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Tee Time: \_\_ 8 am \_\_ 1:30 pm Attending Reception: \_\_Yes \_\_ No

Player #4 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Tee Time: \_\_ 8 am \_\_ 1:30 pm Attending Reception: \_\_Yes \_\_ No

## PAYMENT OPTIONS

☐ Check or ☐ Credit Card: VISA MC AMEX DISCOVER (circle one)

Account # \_\_\_\_\_

Exp. \_\_\_\_\_ CVV Code \_\_\_\_\_ Amount \_\_\_\_\_

Name \_\_\_\_\_

Make checks payable to:

THE AUXILIARY OF SHORE MEDICAL CENTER  
100 Medical Center Way, Somers Point, NJ 08244