

Name _____
Address _____
City/State/Zip _____
Telephone _____
Email _____
Lunch Yes No Dinner Yes No
Alternate Payment – Credit Card:
 Visa MasterCard Amex
Acct. # _____
Exp. Date _____
Signature: _____

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Signature: _____

STURDY



P.O. Box 2963
211 Park Street
Attleboro, MA 02703-0963



13th Annual Ralph P. Schlenker Golf Tournament

to benefit
Sturdy Memorial Hospital

May 18, 2009

**Foxborough Country Club
Norton Country Club**

**13th Annual
Ralph P. Schlenker Golf Tournament**

May 18, 2009

**Foxborough Country Club
Norton Country Club**

*Sturdy Memorial Foundation and
the golf tournament committee
invite you to participate in this
18-hole golf tournament.*

Schedule of Events

12:00 p.m.

Registration and Practice
Lunch

1:00 p.m.

Shotgun Start

6:30 p.m.

Cocktail Hour and Dinner
Presentation of Awards
Raffle Prizes

Holiday Inn Mansfield



*All proceeds benefit
Sturdy Memorial Hospital.*

*Fair market value of
tournament is \$167 per golfer.*

Sponsorship Opportunities

Corporate Sponsor \$1,500

Four player spots in the tournament,
signage recognition, in the program book
and awards ceremony, lunch and dinner.

Donating Sponsor \$175 – \$950

Donation to Sturdy Memorial Foundation
for the benefit of Sturdy Memorial
Hospital.

Individual Player \$300

Includes entry into the tournament
along with lunch and dinner.

Single Tee Sponsor \$150

Double Tee Sponsor \$250

Includes tee sign and recognition
as a “Tee” sponsor.

Gift/Raffle Sponsor

Donation (cash, gift certificate or gift)
to the tournament prize pool.

Please make checks payable to:

Sturdy Memorial Foundation
P.O. Box 2963
211 Park Street
Attleboro, MA 02703-0963
508-222-1600
email: sturdyfoundation@verizon.net
Fax: 508-222-1150

Sponsor Registration

*Individual Credit Card Payments require
separate signatures on a Registration Form*

- Corporate — \$1,500
- Donating — \$175 – \$950
- Individual Player — \$300
- Single Tee — \$150
- Double Tee — \$250
- Gift/Raffle

Sponsor sign to read as follows (*please print*):

Name of Person Completing Form:

Team Captain:

Name _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

Lunch Yes No Dinner Yes No

Alternate Payment – Credit Card:

Visa MasterCard American Express

Acct. # _____

Exp. Date _____

Signature: _____

Foursome Shirt Sizes:

___ S ___ M ___ L ___ XL ___ XXL ___ XXXL

Please return this form with payment.