

## *Sponsorship Opportunities:*

### **Tee Sign with Golf - \$1,800**

Sponsorship recognition, One Golfer, Signage at Tee Box, Brunch and Post-Event Celebration (Name listed as you would like it to appear on tee sign)

### **Individual Golfer - \$1,500**

Participation in all the days activities including golf, brunch and post-event celebration

### **Tee Sign - \$500**

Sponsorship Recognition and Signage at Tee Box (Name listed as you would like it to appear on tee sign)

### **Clinic and Post-Event Celebration - \$300**

Golf Clinic with Trump National Golf Club Professionals (3 p.m.-4 p.m.) and Post-Event Celebration

### **Post-Event Celebration Guest - \$200**

Post Event Celebration

## *Schedule of Events*

10 a.m. – Brunch/Registration  
12 p.m. – Tee-Off  
6 p.m. – Post Event Celebration

## *Golf Classic Committee*

Mr. Raymond Fino – Chair

Mr. Ronald Boyer	Mr. Josh Kalafer
Mr. Matthew Fisher	Dr. Dennis McGill
Dr. Anthony Hartmann	Mr. Erik Rhoda
Mr. Paul Huegel	Mr. Joseph Troegner

For more information, please call Donna Castronovo at (908) 685-2802 or email her at [dcastronovo@somerset-healthcare.com](mailto:dcastronovo@somerset-healthcare.com)

## *Somerset Medical Center Foundation Golf Classic*



Somerset Medical Center Foundation is once again hosting its annual Golf Classic at the exclusive Trump National Golf Club in Bedminster, New Jersey.

Play golf at one of New Jersey's (and the nation's) most prestigious courses.

Promote your business or practice before more than 100 area business and industry leaders.

Or, do both!



*Trump National  
Bedminster*

*Wednesday,  
September 15, 2010*

**SOMERSET MEDICAL CENTER FOUNDATION GOLF CLASSIC**  
*September 14, 2009*

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I would like to sponsor:

- |  |         |
|--|---------|
| <input type="checkbox"/> Tee Sign with Golf                | \$1,800 |
| <input type="checkbox"/> Individual Golfer                 | \$1,500 |
| <input type="checkbox"/> Tee Sign                          | \$500   |
| <input type="checkbox"/> Clinic and Post-Event Celebration | \$300   |
| <input type="checkbox"/> Post Event Celebration            | \$200   |

Total Amount Enclosed: \$ \_\_\_\_\_

Tee Sign to read: \_\_\_\_\_

- I have enclosed a check payable to Somerset Medical Center Foundation.  
 Please charge my:  Visa  MasterCard  American Express  Discover  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Signature: \_\_\_\_\_



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Somerville, NJ 08876-2598  
(908) 685-2802 • [foundation@somerset-healthcare.com](mailto:foundation@somerset-healthcare.com)

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*September 14, 2009*

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Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
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