

REGISTRATION FORM

PLAYER #1 DETAILS

NAME

EMAIL ADDRESS

CONTACT NUMBER

☐ New to the Game ☐ Beginner ☐ Intermediate ☐ Advanced

PLAYER #2 DETAILS

NAME

EMAIL ADDRESS

CONTACT NUMBER

☐ New to the Game ☐ Beginner ☐ Intermediate ☐ Advanced

PLAYER #3 DETAILS

NAME

EMAIL ADDRESS

CONTACT NUMBER

☐ New to the Game ☐ Beginner ☐ Intermediate ☐ Advanced

PLAYER #4 DETAILS

NAME

EMAIL ADDRESS

CONTACT NUMBER

☐ New to the Game ☐ Beginner ☐ Intermediate ☐ Advanced

SPONSORSHIP



SOLD: PRESENTING



\$1,000: RECEPTION
INCLUDES TWO PLAYERS



\$750: GOLF CART
INCLUDES (2) TICKET TO RECEPTION
(1) AVAILABLE



\$500: REGISTRATION
INCLUDES (1) TICKET TO RECEPTION



\$350: MARGARITA



SOLD: \$500:
APPLE PIE



\$300: LUNCH



\$250: LONGEST DRIVE



\$200: WATER
INCLUDES LOGO ON BOTTLE



\$100: TEE SIGN



MARGARITAS & MULLIGANS *Ladies Golf Outing*

9 HOLE TOURNAMENT

A Nutmeg State Chamber Alliance Event

PRESENTED BY:



SEPTEMBER 30, 2024



70 LYMAN ROAD
MIDDLEFIELD, CT

VISIT HAMDENREGIONALCHAMBER.COM

9 HOLE TOURNAMENT SCHEDULE GARY PLAYER COURSE

GOLF REGISTRATION

11:00 AM

- REGISTRATION & PLAYER GIFTS
- USE OF DRIVING RANGE & PUTTING GREEN
- CART WITH GPS
- LUNCH AT 11AM

TEE TIME

1:00PM

- SHOTGUN START
- SCRAMBLE FORMAT

RECEPTION, RAFFLES & AWARDS 4:00PM

- INCLUDES BUFFET DINNER
- ONE DRINK TICKET



REGISTRATION & FEES

INDIVIDUAL \$140

FOURSOMES \$560

RECEPTION ONLY (4 p.m.) \$60



**PRIZES FOR BEST
DECORATED CART &
TEAM OUTFIT**



OPTIONAL CLINIC | 11 AM

- AN HOUR CLINIC PRIOR TO TEE OFF
- PROVIDED BY PGA/LPGA INSTRUCTORS AT THE DRIVING RANGE AND PRACTICE FACILITIES
- INCLUDES LESSONS ON FULL SWING, CHIPPING, AND PUTTING FUNDAMENTALS
- COST: \$30.00 PER PLAYER
(MINIMUM OF 8 PLAYERS)

- ☐ I am an individual player, please assign me into an appropriate group.
- ☐ I want to add an item to the players gift bag
- ☐ I want to donate a raffle item

MAIL CHECK AND FORM TO:

Hamden Regional Chamber of Commerce
3074 Whitney Avenue, Building 1
Hamden, CT 06518

REGISTER ONLINE AT: HAMDENREGIONALCHAMBER.COM

Name: _____

Address: _____

Company: _____

Phone: _____

Email: _____

Sponsor Level: _____

Total: _____

CC # _____

Exp. Date: _____