

ANNUAL TRUSTED CHOICE CHARITY GOLF OUTING

to benefit

MAKE·A·WISH.[®]
New Jersey

APRIL 25, 2017 | CHERRY VALLEY COUNTRY CLUB

AGENDA

8:30 am - Registration, Driving Range, Breakfast
10:30 am - Shotgun Start
10:30 am - 3:30 pm - Food & Beverage Stand
3:30 pm - Cocktail Reception
4:30 pm - Dinner, Presentations, Awards, Door Prizes

AWARDS

Men and Women's Straightest Drive, Closest to the
Pin, Low Gross, and Low Callaway
Door prizes will be presented during dinner.

title sponsor:





2017 ANNUAL TRUSTED CHOICE CHARITY GOLF OUTING GOLFER REGISTRATION

Deadline: April 18, 2017

Contact: Maria Keegan | mkeegan@iiabnj.org | 609-587-4333

CONTACT INFORMATION

Agency/ Company Name:		
Contact Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

GOLFER REGISTRATION INFORMATION

Golfer registration is limited to 120 golfers and is available on a first-come, first-served basis. Packages include all meal functions. Please list only those golfers that you are registering for below.

Number of Golf Packages (\$295/person):	Cost: \$
First Golfer:	Handicap:
Second Golfer:	Handicap:
Third Golfer:	Handicap:
Fourth Golfer:	Handicap:
Please indicate your preferred foursome :	
(1)	(2)
(3)	(4)
Shirt Sizes: Men - ___XXL ___XL ___L ___M Women - ___XL ___L ___M ___S	

DINNER ONLY - OPTIONAL

Number of Dinners (\$75/person):	Cost: \$
Name(s) of Attendees: (1)	(2)
(3)	(4)

PAYMENT INFORMATION

Total Cost: \$	Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	
<i>If writing a check, please make payable to: IIANJ Charitable Trust.</i>		
Credit Card Number:		
CVV Number:	Expiration Date (xx/xx):	
Billing Address (if different):		
City:	State:	Zip:
Name on Card:	Signature:	
<small>Read and Acknowledge by Checking.</small> <input type="checkbox"/> I authorize IIABNJ to charge my credit card for the amount listed above. Funds over the amount indicated as the total will be charged only in the event the total fee is under-calculated.		

Return forms to Maria Keegan via email at mkeegan@iiabnj.org, fax: 609-587-4515, or mail PO Box 3230, Trenton, NJ 08619. For questions, call 609-587-4333. Deadline for registration deadline is April 18, 2017. Cancellations must be received a minimum of three (3) business days prior to the event to receive a full refund. Cancellations received after that date will result in forfeiture of registration fees.