



# SPONSORSHIP FORM

All sponsors receive company name on sponsor sign

**DEADLINE FOR SPONSORSHIPS: June 6, 2019**

Please indicate what you wish to sponsor:

\_\_\_\_\_ DRIVING RANGE - \$250

~~\_\_\_\_\_ PUTTING GREEN—\$250~~ ~~\_\_\_\_\_ TEE BOX—\$350~~

**COMPETITION HOLE—\$350 (EXCLUSIVE)**

~~\_\_\_\_\_ HOLE #8 LONGEST DRIVE~~

~~\_\_\_\_\_ HOLE #11 CLOSEST TO THE PIN~~

**BEER STATIONS—\$350 (EXCLUSIVE)**

~~\_\_\_\_\_ CLUB HOUSE BEER STATION~~

\_\_\_\_\_ HOLE 5 BEER STATION

~~\_\_\_\_\_ HOLE 1 BEER STATION~~

~~\_\_\_\_\_ ROVING BEER CART~~

**NON-COMPETITION HOLE - \$200**

\_\_\_\_\_ Hole # 1

\_\_\_\_\_ Hole # 6

\_\_\_\_\_ Hole # 12

\_\_\_\_\_ Hole # 17

\_\_\_\_\_ Hole # 2

\_\_\_\_\_ Hole # 7

\_\_\_\_\_ Hole # 14

\_\_\_\_\_ Hole # 18

\_\_\_\_\_ Hole # 3

\_\_\_\_\_ Hole # 9

\_\_\_\_\_ Hole # 15

\_\_\_\_\_ Hole # 4

\_\_\_\_\_ Hole # 10

\_\_\_\_\_ Hole # 16

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Return form with check made payable to:

SBACNJ - 190 Oberlin Avenue North, Lakewood, NJ 08701

Phone: (732) 364-2828 ♦ Fax: (732) 905-2577 ♦ E-mail: christine@shorebuilders.org

Please charge my: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please Note: A convenience fee of 5% for American Express and 2% for Visa/MasterCard will be added to all credit card payments.



**SHORE BUILDERS**

Association of Central NJ, Inc.

**Kick Off**

**June 17, 2019**

**JUMPING BROOK COUNTRY CLUB, NEPTUNE**

**GIFT DONATION REQUEST FORM**

**IF YOU WOULD LIKE TO PARTICIPATE BY DONATING A THEMED GIFT BASKET OR COOL GIFT ITEM (MINIMUM VALUE \$200)**

**CALL THE ASSOCIATION OFFICE FOR DETAILS @ 732-364-2828**

**DEADLINE TO PARTICIPATE IS JUNE 9TH**

**WE ARE ALSO ACCEPTING MONETARY DONATIONS AND THE ASSOCIATION STAFF WILL DESIGN A BASKET FOR YOU!**

• YES WE WOULD LIKE TO PARTICIPATE BY DONATING: \_\_\_\_\_

• WE ARE UNABLE TO DONATE A GIFT - PLEASE ACCEPT A DONATION IN THE AMOUNT OF: \_\_\_\_\_

COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLEASE CHARGE MY:  VISA  MASTERCARD  AMEX

CC NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CARD HOLDERS NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CC BILLING ADDRESS: \_\_\_\_\_

**SBACNJ: 190 OBERLIN AVENUE NORTH, LAKEWOOD, NJ 08701**

**PHONE: 732-364-2828**

**FAX: 732-905-2577**