

ANNUAL GOLF TOURNAMENT

June 24, 2024

**Shackamaxon Country Club
Scotch Plains, NJ**



Contact:

**Lisa Giannascoli at 908-635-7647
lisa.giannascoli@bridgewaybhs.org**



2024 Golf Classic

Monday, June 24, 2024



Shackamaxon Country Club

100 Tillinghast Turn, Scotch Plains, NJ 07076

Peter Pogany, Chairman, Bridgeway Golf Committee
Premiere Sponsor Rapps Pharmacy



7:30am Registration, 9am Shotgun, Shamble format
1:30pm Gourmet Lunch and Tournament Prizes

Superfecta On-Course Games and

Sponsorship Levels and Benefits

| | |
|------------------------------|---|
| Premiere Sponsor | \$10,000 – 3 Foursomes, Logo prominently featured pre-event and day-of |
| Title Sponsor | \$ 5,000 – 2 Foursomes, Name/Logo on Course Refreshments |
| BBQ Lunch Sponsor | \$ 3,500 – 1 Foursome + 4 Lunch guest tickets, Name/Logo on Lunch signage |
| Golf Cart Sponsor | \$ 2,500 – 1 Foursome, Name on every golf cart (multiple available) |
| Breakfast Sponsor | \$ 2,000 – 1 Twosome + breakfast signage (multiple available) |
| Eagle Sponsor | \$ 1,800 – 1 Twosome + 2 Lunch guest tickets and starting box tee sign |
| Birdie Sponsor | \$ 1,200 – 1 Twosome + tee sign |
| Putting Green Sponsor | \$ 1,000 – Custom Tee-Sign |
| Pick a Tee Box | \$ 750 – Single golfer plus on course tee-sign |
| Tee-Sign | \$ 300 – On course acknowledgement |
| Individual Golfer | \$ 450 |
| Individual Lunch | \$ 100 – Join us for Gourmet lunch |

Call Lisa G. to place sponsorship order by phone 908-635-7647



2024 Golf Classic

RESERVATION FORM FOR SPONSORS AND INDIVIDUALS June 24, 2024 Shackamaxon Country Club

Name of COMPANY or SPONSOR: _____

Name of Contact: _____

Email: _____ Phone: _____

Sponsorship Level: _____

Payment Amount \$ _____ ☐ Check ☐ Credit Card



Name on Credit Card: _____

Billing Address: _____

Credit Card Number: _____ Exp.: _____ CSV: _____

* We will contact you for golfers' names

MAIL RESERVATIONS TO: BRIDGEWAY GOLF, 373 Clermont Terrace., Union, NJ 07083

QUESTIONS?

Please contact Lisa Giannascoli by phone at 908-635-7647, or by email: lisa.giannascoli@bridgewaybhs.org

Individual Golfer/Lunch Only Reservation Form

Names of Golfers(s)/Guest(s): _____

Email: _____ Phone: _____

Payment Amount \$ _____ ☐ Check ☐ Credit Card



Name on Credit Card: _____

Billing Address: _____

Credit Card Number: _____ Exp.: _____ CSV: _____