



# Sixteenth Annual Fall Golf Classic

**Captain & Crew Format**

**Thursday, September 5, 2024**

**Traditions at the Glen - Johnson City, New York**

## **Tournament Sponsor** **SODEXO QUALITY OF LIFE SERVICES**

### **Other Sponsorship Opportunities**

#### **Gold Sponsor**

**\$2,500**

Gold Sponsorship includes:

- Company's name and logo in the program
- Prominent signage prior to the first tee
- Listing on a sign in the lobbies at Good Shepherd Fairview and Good Shepherd Village
- Verbal recognition at the tournament dinner
- Four greens fees and two carts

#### **Silver Sponsor**

**\$1,750**

Silver Sponsorship includes:

- Company's name and logo in the program
- Prominent signage prior to the first tee
- Listing on a sign in the lobbies at Good Shepherd Fairview and Good Shepherd Village
- Verbal recognition at the tournament dinner
- Two greens fees and one cart

#### **Bronze Sponsor**

**\$1,250**

Bronze Sponsorship includes:

- Company's name and logo in the program
- Prominent signage prior to the first tee
- Listing on a sign in the lobbies at Good Shepherd Fairview and Good Shepherd Village
- Verbal recognition at the tournament dinner

#### **Prize Sponsor**

**\$500**

Prize Sponsorship includes:

- Company's name in the program
- Listing on a sign prior to the first tee
- Listing on a sign in the lobbies at Good Shepherd Fairview and Good Shepherd Village
- Verbal recognition at the tournament dinner

#### **Tee/Green Sponsor**

**\$200**

Tee/Green Sponsorship includes:

- Company's name in the program
- Sign recognition on either a tee or green



Thursday  
September 5, 2024

Good Shepherd Communities Foundation  
Sixteenth Annual Fall Golf Classic  
**TOURNAMENT SPONSOR**  
**SODEXO QUALITY OF LIFE SERVICES**

Traditions at the Glen  
Johnson City, NY

**TOURNAMENT INFORMATION**

**ENTRY FORM**

**CAPTAIN & CREW FORMAT**

**FEE:**  
**\$450 PER FOURSOME or \$135 PER GOLFER**

Make checks payable to:  
Good Shepherd Communities Foundation

If your foursome is entering under a  
business, please list the business name  
below:

Confirmation will be sent to each team captain  
prior to the tournament.

**SCHEDULE OF EVENTS:**

9:30 AM: Registration Opens / Raffles / Box Lunch  
10:15 AM: Instructions from Club Professional  
10:30 AM: Shotgun Start, Captain & Crew

Following Play:  
Dinner and Awards under the Tent

**GOLFER REGISTRATIONS**

will be accepted by mail or in person only,  
on a first-paid/first-served basis.

Payment must accompany your registration.

**Deadline is August 16, 2024.**

Player # 1 Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Player # 2 Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Player # 3 Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Player # 4 Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**MAIL THE COMPLETED REGISTRATION FORM AND TOURNAMENT CHECK IN THE ENCLOSED ENVELOPE TO:**

Good Shepherd Communities Foundation  
Attn: Tammie Boerner  
32 Village Drive  
Endwell, NY 13760

For additional information, contact  
Tammie Boerner, 607-484-6076 or  
TR@GoodShepherdCommunities.org







GOOD SHEPHERD COMMUNITIES FOUNDATION

SIXTEENTH ANNUAL FALL GOLF CLASSIC

SPONSORSHIP OPPORTUNITY FORM

To sponsor this event, please complete and return this card in the enclosed envelope by July 8, 2024

Name of Business: \_\_\_\_\_

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

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

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

Sponsor Level: Gold ☐ Silver ☐ Bronze ☐ Prize ☐ Tee/Green ☐

How would you like your sponsorship to be listed on recognition materials?

Checks or credit card payments accepted - see below for credit card information. Please make checks payable to Good Shepherd Communities Foundation.

*Thank you for your support!*

If paying by credit card, please complete the information below.

Name on Card: \_\_\_\_\_

Card Type: Visa ☐ MasterCard ☐ Discover ☐

Account Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Address: \_\_\_\_\_

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

Sponsor Level: Gold ☐ Silver ☐ Bronze ☐ Prize ☐ Tee/Green ☐

Please return in the enclosed envelope by July 8, 2024

Thank you for your support of Good Shepherd Communities Foundation!