

# Simsbury Volunteer Fire Company And Ladies Auxiliary 19th Annual Golf Tournament

Blue Fox Run Golf Course  
Avon, Connecticut

Thursday, June 15<sup>th</sup>, 2017  
Registration 8:30AM Shotgun Start 10:00AM

## GOLFER & SPONSORSHIP REGISTRATION FORM

Name \_\_\_\_\_  
Company Name (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Golfer Package \$125.00<br>(If Paid <u>by</u> May 31)    | <input type="checkbox"/> Pin Flag Sponsorship \$150.00   |
| <input type="checkbox"/> Golfer Package \$150.00<br>(If Paid <u>after</u> May 31) | <input type="checkbox"/> Tee/Green Sponsorship \$100.00  |
| <input type="checkbox"/> Gold Sponsorship \$1,500.00                              | <input type="checkbox"/> Patron Sponsorship \$50.00      |
| <input type="checkbox"/> Silver Sponsorship \$1,000.00                            | <input type="checkbox"/> Additional Dinner Guest \$35.00 |
| <input type="checkbox"/> Bronze Sponsorship \$500.00                              | <input type="checkbox"/> Donation _____                  |

We offer online payment options on our website: [www.simsburyfd.org](http://www.simsburyfd.org) or

⇒ Make checks payable to S.V.F.C.L.A. Golf Tournament ⇐

|                       |
|-----------------------|
| Golfer #1 _____       |
| Address _____         |
| City _____            |
| State _____ Zip _____ |
| Phone _____           |
| Email _____           |

|                       |
|-----------------------|
| Golfer #2 _____       |
| Address _____         |
| City _____            |
| State _____ Zip _____ |
| Phone _____           |
| Email _____           |

|                       |
|-----------------------|
| Golfer #3 _____       |
| Address _____         |
| City _____            |
| State _____ Zip _____ |
| Phone _____           |
| Email _____           |

|                       |
|-----------------------|
| Golfer #4 _____       |
| Address _____         |
| City _____            |
| State _____ Zip _____ |
| Phone _____           |
| Email _____           |