

Player #1

Name: _____

Address: _____

Phone: _____

Email: _____

Player #2

Name: _____

Address: _____

Phone: _____

Email: _____

Player #3

Name: _____

Address: _____

Phone: _____

Email: _____

Player #4

Name: _____

Address: _____

Phone: _____

Email: _____

Brewing awareness and support to improve the lives of individuals with special needs. We hope to accomplish our goals by coming together to celebrate while raising funds. The funds raised will be utilized to support programs in our local communities both directly and indirectly.

Committee

Holly Boylan-Flego: Chairperson

Joyce DeJohn

Michael DeJohn

Ed Flego

Stephanie Reynolds

Kevin Reynolds

Jay Cosgrove

Megan Kennedy

Tom Jarck

Contact

Holly Boylan-Flego.....732-757-8182

Joyce DeJohn.....908-513-0106

2nd Annual Tom Boylan Memorial Golf Outing



Navesink Country Club

Monday, May 17th, 2021

11:00am



Golf Outing Schedule

Registration: 11:00am
 Lunch: 11:00am-1:00pm
 Golf Shotgun Start: 1:00pm
 Dinner: 6:00pm

Reception Following Golf
 Open Bar
 Buffet Dinner
 Awards and Prizes
 Chance Auction

Tom Boylan

Tom was a loving father, husband, and wonderful friend. He enjoyed playing golf and certainly loved his beer. He was also a supporter of charities for individuals with special needs.



Registration Information

- \$350 per Golfer
- \$50 Golf Game Package includes:
2 Mulligans, Putting Contest, 1 Chance for a
Round of Golf for 3 at Navesink CC
- \$150 Dinner Only

- Corporate Golf Sponsorship- \$1,700
4 golfers, 4 Golf Game Packages & 1 Hole Sponsor

Sponsorship and Underwriting Opportunities (deadline May 1st)

- \$5,000 Event (Includes 1 Foursome)
- \$3,000 Golf Gift Sponsor
- \$2,500 Dinner Sponsor
- \$1,500 Lunch Sponsor
- \$1,200 Entertainment Sponsor
- \$1,000 Cocktail Sponsor
- \$500 Golf Cart Sponsor
- \$400 Koozie Sponsor
- \$300 Driving Range Sponsor
- \$300 Putting Green Sponsor
- \$150 Hole Sponsor (Name prominently displayed on the hole)

My total payment is \$ _____

- Enclosed is a check made payable to:
Hops for Awareness
PO Box 192
Rumson, NJ

- Please charge my credit card :
[] VISA [] MC [] AMEX [] Discover

Card #: _____

Exp. Date: _____ CVV: _____

Name on card: _____

Signature: _____

Billing Address: _____

Phone: _____

Email: _____