



## EVENT REGISTRATION FORM

*In addition to specific entitlements listed below, all sponsors are listed on our welcome sign at the event and at [www.linkschoolgolf.org](http://www.linkschoolgolf.org).*

Player participation includes: all greens fees, base caddy fee, all food and beverages, outing gift.

Plainfield Country Club is a WALKING course. Carts are available, if needed, at no extra charge, however carts **MUST BE RESERVED AT LEAST 48 HOURS PRIOR TO EVENT DATE.**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Event Sponsor: \$15,000</b><br>Three foursomes, tee sign | <input type="checkbox"/> <b>Birdie Sponsor: \$2,500</b><br>Two players, tee sign                         |
| <input type="checkbox"/> <b>Greens Sponsor: \$10,000</b><br>Two foursomes, tee sign  | <input type="checkbox"/> <b>Individual Golfer: \$1,250</b>   |
| <input type="checkbox"/> <b>Foursome Sponsor: \$5,000</b><br>One foursome, tee sign  | <input type="checkbox"/> <b>Dinner Only Guests - \$200 per person</b><br>_____ # of Guests \$_____ Total |

\_\_\_\_\_ **I am unable to attend. Please accept my gift as a full donation.**

Name \_\_\_\_\_ **CART: Y / N** **HANDICAP: \_\_\_\_\_**

Name listed on recognition materials as: \_\_\_\_\_  
*(Please send artwork for tee sign in high-res JPEG format to: [link@linkedupartners.org](mailto:link@linkedupartners.org))*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Payment Method:**

\_\_\_\_\_ **Electronic Fund or Stock Transfer:** Please contact us at (973)642-5343 for detailed instructions.

\_\_\_\_\_ **Check:** Payable to **Link Education Partners**, 23 Pennsylvania Avenue, Newark, NJ 07114.

\_\_\_\_\_ **Credit Card:** \_\_\_ Visa \_\_\_ M/C \_\_\_ American Express \_\_\_ Corporate \_\_\_ Personal

Cardholder Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Link Education Partners is a 501(c)3 organization. Contributions are tax deductible to the extent allowed by law. The estimated value of goods and services received is \$550 per golfer.

**PLEASE COMPLETE PAGE TWO OF THIS FORM WITH YOUR GUEST INFORMATION.**

## REGISTRATION FORM, continued

Please list all golfers included in your payment:

Name \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_