

Golf Registration

Foursome Fee:

\$100 per person

To qualify for reduced pricing, a whole foursome must be signed up prior to

May 1, 2018.

Singles, Doubles, and Foursome Fee (after 5/1):

\$110 per person (\$90 for students and alumni of the College of Pharmacy and Health Sciences)

Singles and doubles will be paired with open foursomes.

Contact person: _____

Address: _____

Phone: _____

Email address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Total Enclosed \$ _____

Note: \$30 from the registration fee of each participant is a tax deductible gift to the College of Pharmacy and Health Sciences Career Development Fund with the exception of members of a foursome signed up by May 1, of which \$20 is the tax deductible gift. For College of Pharmacy and Health Sciences students and alumni \$10 is the tax deductible gift.

Registration deadline is **May 31, 2018**. Please make checks payable to Western New England University and mail to the College of Pharmacy and Health Sciences c/o Dr. Joshua Spooner, 1215 Wilbraham Road, Springfield, MA 01119. For more information, email Aniel Russo at aniel.russo@wne.edu.

WESTERN NEW ENGLAND UNIVERSITY | **WNE**
COLLEGE of PHARMACY and HEALTH SCIENCES

1215 Wilbraham Road
Springfield, MA 01119

wne.edu/phs

Western New England University College of Pharmacy and Health Sciences 6th Annual Golf Tournament

Wednesday, June 6, 2018

**11:30 a.m. • Ludlow Country Club
Ludlow, MA**



WESTERN NEW ENGLAND UNIVERSITY | **WNE**
COLLEGE of PHARMACY and HEALTH SCIENCES

Western New England University College of Pharmacy and Health Sciences 6th Annual Golf Tournament

Schedule:

- ▶ **11:30 a.m.** Registration and lunch
- ▶ **12:30 p.m.** Shotgun Start
18 Holes of Golf
- ▶ **5:00 p.m.** Reception, cocktails,
dinner, and a prize ceremony

Proceeds of this event will benefit the Professional Health Students of Western New England University through the Career Development Fund.

\$110 per person (\$90 College of Pharmacy student/alumni price)

\$100 each per foursome

Foursomes must be paid before **May 1** for discount price.

Fee includes:

- 18 holes of golf with cart
- Two drink tickets during golf
- Lunch
- Dinner
- Gift

Sponsorship

Please check all that apply:

- Prize Sponsor**
Donation of an item to be used as a prize. Company named as a prize sponsor at registration table and during reception dinner.
- Cart Sponsor \$50**
Company name will be displayed on each golf cart.
- Tee Box Sponsor \$100**
Company name will be displayed at one tee box and on each golf cart.
- Gold Sponsor \$250**
Company name will be displayed on the 1st and 10th tee box, and on each golf cart.
- Presenting Sponsor \$500**
Company name will be displayed on the 1st and 10th tee box, on each golf cart, signage at registration table, and announced at reception dinner.

Company Name: _____

(Please use full name of your company)

Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Please make checks payable to Western New England University and mail to the College of Pharmacy c/o Dr. Joshua Spooner, 1215 Wilbraham Road, Springfield, MA 01119.

A member of the Golf Committee will contact every sponsor as soon as payment is received. For more information, email Aniel Russo at aniel.russo@wne.edu.

