



Greetings,

You are invited to participate in our 5th Annual Golf Tournament to support the Allied's Enfield Stars. Join us while we have a lot of fun and raise funds for Allied's Enfield Stars, the group that provides its members the opportunity to compete on a team prior to the Special Olympics. This year, we have established a more aggressive fundraising goal and we need your help. We need golfers and sponsors to make this a success. In previous years, we have raised the funds to provide the athletes' uniforms, entrance fees and transportation to the team practices and qualifying games.

The tournament is Sunday, September 14th at Airways Golf Course in Suffield. Tee off is at 9:00AM. The \$80 fee per golfer includes 18 holes of golf with cart, barbeque lunch and beverages. You or your business can be a sponsor at any level, including as a tee sponsor. For golfing, you can register as a foursome, twosome or as an individual. Just send in your registration and fee.

Many thanks,

Frank RAVENOLA,
Corky's Auto Parts

Karen OWENS & Clark MASON
Spring Street Service Center

& the Golf Committee

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*** SPONSORSHIPS LEVELS**

- | | |
|---------------------------------|---|
| ___ Lunch Sponsor - \$ 500 | 4 Golfers <u>and</u> a Sign in the Pavilion |
| ___ Golf Cart Sponsor - \$ 300 | 2 Golfers <u>and</u> Signs on all Carts |
| ___ Beverage Sponsor - \$ 250 | 2 Golfers <u>and</u> a Sign on the Pavilion |
| ___ Closest to the Pin - \$ 150 | 1 Golfer <u>and</u> a Sign on the Tee Box |
| ___ Longest Drive - \$ 150 | 1 Golfer <u>and</u> a Sign on the Tee Box |
| ___ Tee sponsors - \$75 | Sign on the Tee Box |

Name to appear on Sign _____

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*** DONATIONS**

___ Donation of the following prize(s) and /or giveaway items (plan for 120 items for all golfers)

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***Golfer Registration** (This information helps us in the administration of this Tournament only and will not be used in any manner to market or promote any other business or event.)

#1 Golfer Name _____ Business Name _____

Address _____

Town _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

I will be playing on a team with

#2 Golfer _____ email Address _____

#3 Golfer _____ email Address _____

#4 Golfer _____ email Address _____

Total Payment Enclosed _____ Check Payable to **Allied Rehabilitation Centers.**

Please return Registration Form & Payment to **Spring Street Service Center, 436 Spring Street, Windsor Locks, CT 06096 or Corky's Auto Parts 430 Spring Street, Windsor Locks ,CT 06096**