Marty Napoli Jr. Memorial Scholarship Golf Outing

Friday, August 20, 2021

Cantigny Golf

27W270 Mack Road

Wheaton, IL 60189

(630) 260-8134

Schedule Registration Fees

 11:30 a.m. Registration/Box Lunch MSCI Members: $295 pp **on or before July 8, 2021**

1:00 p.m. Shotgun Start MSCI Members: $325 pp **after July 9, 2021**

6:00 p.m. - 8 p.m. Heavy Reception Guests/Non-Members: $350.00 pp

 Evening Reception Only: $95 pp

Cancellation Policy

Cancellations will be accepted through August 2, 2021. After this date, no refunds will be given. Substitutions may be made at any time. Call or email Rose Manfredini rmanfredini@msci.org at (847) 485-3008 with your cancellation or substitution requests.

Foursome Requests

Please send an E-mail with your confirmed foursome requests to Rose Manfredini at

rmanfredini@msci.org no later than August 13, 2021.

Support the Central States Scholarship by becoming a sponsor!

**Golf Hole Sponsorships: $175 each**

*Each sponsor receives a sign.*

**Contest Holes Sponsorship*: $300 each***

*Longest Drive, Closest to the Pin, Roll the Dice (2 of each)*

**Beverage Cart Sponsorships: $350 each (max. 4)**

*Sponsor receives a sign on the cart.*

**Taco Bar Sponsorship: $400 each (max. 4)**

*Sponsor receives a sign on the cart.*

**Reception Sponsorship: $450 each (max. 2)**

*Prominently displayed signs will sport your company's logo and cocktail napkins.*

**Lunch Sponsorships: $500 each**

*Your company logo on the box lunch and a sign in luncheon area.*

**Please donate an item for our Silent Auction or Raffle!**

To become a sponsor, please complete the registration form or call Briana Dee

at bdee@msci.org at (847) 485-3021

**Registration Form**

**Central States Chapter Scholarship Golf Outing**

Please print all information. Handicaps are required

**** **Check this box if the players below are a foursome**.

**1)** Name \_\_\_\_\_\_ Handicap \_\_\_\_\_\_

 Company \_\_\_\_\_\_ Reception Only

 Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2)** Name \_\_\_\_\_\_ Handicap \_\_\_\_\_\_

 Company \_\_\_\_\_\_ Reception Only

 Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3)** Name \_\_\_\_\_\_ Handicap \_\_\_\_\_\_

 Company \_\_\_\_\_\_ Reception Only

 Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4)** Name \_\_\_\_\_\_ Handicap \_\_\_\_\_\_

 Company \_\_\_\_\_\_ Reception Only

 Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any dietary/physical needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsorship Registration**

***All proceeds will benefit the scholarship fund. Please support our efforts!***

**** Golf Holes: # of hole(s) \_\_ x $175 = $

My company will sponsor or donate the following:

**** Function(s): Amount: $

**** Raffle Donation: Estimated Value: $ \_\_\_\_\_\_\_\_

**Payment**

Amount: $ \_\_\_\_\_\_\_

****American Express ****MasterCard ****Visa

Card # Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_CSV: \_\_\_\_\_

Name on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return completed form to:**

Fax credit card registrations to (847) 485-3028 or email bdee@msci.org