



Marty Napoli Jr. Memorial Scholarship Golf Outing
Thursday, June 15, 2023
Cantigny Golf

27W270 Mack Road, Wheaton, IL 60189 - (630) 260-8134

Schedule

11:00 a.m. Registration/Box Lunch
Noon - Shotgun Start
5:00 p.m. – 7:00 p.m. Heavy Reception

Registration Fees

MSCI Members: \$400 pp **on or before June 1, 2023***
MSCI Members: \$450 pp **after June 2, 2023**
Guests/Non-Members: \$475.00 pp

Evening Reception Only: \$95 pp

*Registration fee includes beverages on the course: beer, Gatorade type drinks, hard seltzers, soda, tea and water.

Cancellation Policy

Cancellations will be accepted through June 1, 2023. 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 or Briana Dee bdee@msci.org at (847) 485-3021 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 June 9, 2023.

Support the Central States Scholarship by becoming a sponsor!
Thank you to our Sponsors!

Logo'd Golf Towel Sponsorship: **Sold! Zekelman Industries**

Lunch Sponsorship: \$1,000

Reception Sponsorship: \$500 each

Beverage Cart Sponsorships: \$500 each

Taco Bar Sponsorship: \$500 each

Contest Holes Sponsorship: \$300 each

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

Golf Hole Sponsorships: \$200 each

Please donate an item to 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 \$200 = \$ _____

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:

Briana Dee via email to bdee@msci.org

