

Marty Napoli Jr. Memorial Scholarship Golf Outing

Thursday, June 12, 2025 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: \$450 pp on or before May 23 MSCI Members: \$500 pp after May 23 Evening Reception Only: \$95 pp

Cancellation Policy

Cancellations will be accepted through June 2, 2025. After this date, no refunds will be given. Substitutions may be made at any time. Call or email 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 Briana Dee at bdee@msci.org no later than June 2, 2025.

Support the Central States Scholarship by becoming a sponsor!

Thank you to our Sponsors!

Lunch Sponsorship: \$1,000

Reception Sponsorship: \$600 each

Beverage Cart Sponsorships: \$600 each

Taco Bar Sponsorship: \$600 each

Contest Holes Sponsorship: \$300 each

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

Golf Hole Sponsorships: \$275 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 fee includes beverages on the course: beer, Gatorade type drinks, hard seltzers, soda, tea and water.



Registration Form Central States Chapter Scholarship Golf Outing

Please print all informa	ation. Handicaps ar	e required	
$\hfill\Box$ Check this box if	the players below	are a foursome.	
1) Name			<u> </u>
Company			□Reception Only
Email			_
2) Name			_
Company			_ □ Reception Only
Email			_
3) Name			_
Company			_ □ Reception Only
Email			_
4) Name			<u> </u>
Company			_ □ Reception Only
Email			_
List any dietary/physic			
	<u>Spons</u>	<u>sorship Registrati</u>	<u>on</u>
All proceeds will ber	efit the scholarsh	ip fund. Please supp	oort our efforts!
☐ Golf Holes: # of hole(s)		x \$275 = \$	
My company will spon	sor or donate the fo	ollowing:	
☐ Function(s):		Amount: \$	
☐ Raffle Donation:		Estimated Valu	e: \$
Payment			
Amount: \$	<u>-</u>		
□American Express	□MasterCard	□Visa	
Card #		Exp. Date	CSV:
Name on Card		Signature	

Return completed form to:

Briana Dee via email to bdee@msci.org



