



SFM FOUNDATION GOLF TOURNAMENT

MONDAY, MAY 3, 2010

Event Details

Date: Monday, May 3, 2010
Location: Salem Golf Club
Address: 18 Bloomer Road,
 North Salem, NY 10560

Buffet Lunch: 11:30 a.m.
Shotgun Start: 1:00 p.m.
Dinner and Awards Ceremony: 5:30 p.m.
Format: Scramble

Individual Golfer: \$295
Foursome: \$1,180
Reception Only: \$75
Rental Clubs: \$25

Name: _____ Title: _____
 Company: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Email: _____

Individual Golfer - \$295 Foursome - \$1,180 Reception Only - \$75 Diamond Sponsor - \$2,500 Hole Sponsor - \$1,000
 Rental Clubs - \$25 Men's Right Men's Left Women's Right Women's Left

Additional Participants

Name: _____ Title: _____
 Company: _____ Email: _____

Additional Golfer - \$295 Part of Foursome Reception Only - \$75 Diamond Sponsor - \$2,500 Hole Sponsor - \$1,000
 Rental Clubs - \$25 Men's Right Men's Left Women's Right Women's Left

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 Company: _____ Email: _____

Additional Golfer - \$295 Part of Foursome Reception Only - \$75 Diamond Sponsor - \$2,500 Hole Sponsor - \$1,000
 Rental Clubs - \$25 Men's Right Men's Left Women's Right Women's Left

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 Rental Clubs - \$25 Men's Right Men's Left Women's Right Women's Left

REGISTRATION TOTAL: Please indicate totals for each option

Individual Golfers	\$295 per person	= \$ _____
Foursome	\$1,180 per person	= \$ _____
Rental Clubs	\$25 per set	= \$ _____
Reception Only	\$75 per person	= \$ _____
Foundation Sponsorship / Donation	_____	= \$ _____
	Total	= \$ _____

SELECT METHOD OF PAYMENT:

Check payable to SFM Foundation Credit Card

SELECT TYPE OF CREDIT CARD:

American Express MasterCard Visa

Name on Card _____
 Card Number _____
 Expiration Date _____
 Signature _____

Three ways to register:

- Online:** Registration is available online at www.sfm-online.org
- Fax:** Complete registration form, including complete contact and credit card information and fax to (877) 716-6404
- Mail:** Complete registration form, including complete contact information and payment information and send to:
 SFM Foundation
 15000 Commerce Parkway, Suite C
 Mount Laurel, NJ 08054
 Checks made payable to the **SFM Foundation**

Cancellation/Refund Policy

All cancellation requests must be made in writing, either emailed to Brooke Bilofsky at bbilofsky@ahint.com or mailed to the SFM Office by April 23, 2010. A \$50 processing fee (per golfer) will be charged for all cancellations. After April 23, 2010, refund requests cannot be honored. "No Shows" will be billed.