

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Lunch  Yes  No    Dinner  Yes  No

*Alternate Payment – Credit Card:*  
 Visa     MasterCard     Amex

Acct. # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 Signature: \_\_\_\_\_

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 Signature: \_\_\_\_\_



# 14th Annual Ralph P. Schlenker Golf Tournament

to benefit  
 Sturdy Memorial Hospital

**May 24, 2010**

**Foxborough Country Club  
 Norton Country Club**

**STURDY**



P.O. Box 2963  
 211 Park Street  
 Attleboro, MA 02703-0963

**14th Annual  
Ralph P. Schlenker Golf Tournament**

**May 24, 2010**

**Foxborough Country Club  
Norton Country Club**

*Sturdy Memorial Foundation and  
the golf tournament committee  
invite you to participate in this  
18-hole golf tournament.*

**Schedule of Events**

**12:00 p.m.**  
Registration and Practice  
Lunch

**1:00 p.m.**  
Shotgun Start

**6:30 p.m.**  
Cocktail Hour and Dinner  
Presentation of Awards  
Raffle Prizes

**Holiday Inn Mansfield**



*All proceeds benefit  
Sturdy Memorial Hospital.*

*Fair market value of  
tournament is \$167 per golfer.*

**Sponsorship Opportunities**

**Corporate Sponsor \$1,500**

Four player spots in the tournament,  
signage recognition, in the program book  
and awards ceremony, lunch and dinner.

**Donating Sponsor \$175 – \$950**

Donation to Sturdy Memorial Foundation  
for the benefit of Sturdy Memorial  
Hospital.

**Individual Player \$300**

Includes entry into the tournament  
along with lunch and dinner.

**Single Tee Sponsor \$150**

**Double Tee Sponsor \$250**

Includes tee sign and recognition  
as a “Tee” sponsor.

**Gift/Raffle Sponsor**

Donation (cash, gift certificate or gift)  
to the tournament prize pool.

**Please make checks payable to:**

Sturdy Memorial Foundation  
P.O. Box 2963  
211 Park Street  
Attleboro, MA 02703-0963  
508-222-1600  
email: sturdyfoundation@verizon.net  
Fax: 508-222-1150

**Sponsor Registration**

*Individual Credit Card Payments require  
separate signatures on a Registration Form*

- Corporate — \$1,500
- Donating — \$175 – \$950
- Individual Player — \$300
- Single Tee — \$150
- Double Tee — \$250
- Gift/Raffle

Sponsor sign to read as follows (*please print*):

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**Name of Person Completing Form:**

---

**Team Captain:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Lunch  Yes  No Dinner  Yes  No

*Alternate Payment – Credit Card:*

Visa  MasterCard  American Express

Acct. # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

**Foursome Shirt Sizes:**

# \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL

***Please return this form with payment.***