



HOMINY HILL GOLF COURSE

Proudly Hosts

THE ORDER OF AHEPA

Thomas A Edison Chapter 287

4th Annual Golf Tournament & Awards Event

Thursday, June 20, 2024

Hominy Hill Golf Course in Colts Neck, NJ

**Limited, first come first serve basis.*

Registration forms & Payments are due by May 1, 2024. Golf Attire Requested.

Tournament Information

Registration.....7:30AM

Breakfast.....8:00AM

Shot Gun Start.....9:00AM

Your Entry Fee Includes

On Course Refreshments, Closest to the Pin, Breakfast, Hole-In-One, Lunch, Other Prizes, Scramble Format, Beat the Pro, Longest Drive, Driving Range, Putting Green
Trophies 1st, 2nd, 3rd Place

Sponsorships

EVENT SPONSORS: \$5,000.00

Includes Two Foursomes, Exclusive Event Signage at Registration Desk & Main Entry, Course Signage (only one), Award Ceremony Recognition in Event Program & Ads.

AWARD SPONSORS: \$2,500.00

Includes a Foursome, Exclusive Signage, Award Ceremony Recognition in Event Program & Ads.

FLEET SPONSORS: \$1,000.00

Signs on Golf Carts GPS, Golf Registration for One, Recognition in Event Program & Ads.

EXCLUSIVE SPONSORSHIPS: \$500.00

Sponsorship is available for the following: Breakfast, Lunch, Putting Green, Closest to the Pin, Beat the Pro, Hole In One, Longest Drive, or the Refreshment Cart. Exclusive Signage for above selections, Recognition in Event Program & Ads. 40% Discount on One Registration.

TEE/GREEN SPONSORS: \$200.00

Tee/Green sign with Company/Individual Name, Recognition in Event Program & Ads.

PROGRAM SPONSORS: \$100.00

Recognition in Event Program.





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Thomas A Edison Chapter 287

Address & Contact Information

Thomas Edison Chapter 287
1033 West Park Ave.
Ocean, NJ 07712

www.AHEPA287.org
732-859-8163

Supporting



AHEPA Charities & Scholarship Funds



Scan The QR Code For More Information
Or to Register Online

Registration & Sponsorship Form

Golfer Contact Information

Player 1: _____ Email: _____
 Address: _____ Phone: _____
 Player 2: _____ Email: _____
 Player 3: _____ Email: _____
 Player 4: _____ Email: _____

Sponsorship

Contact: _____ Company: _____
 Phone: _____ Email: _____
 Address: _____
 Sponsorship(s): _____
 Donation Amount: _____

Payment Information

Make Checks Payable To: Order of AHEPA Thomas Edison Chapter 287
or Bill My VISA/ MC/ AMEX

Name On Account: _____ Account #: _____

Signature: _____ Exp. Date: _____

Golfer(s) @ \$220.00: _____ Foursome @ \$880.00: _____

Total Amount Due: _____