



24TH ANNUAL

Metropolis of Boston Camp

2024 GOLF CLASSIC

TUESDAY, SEPTEMBER 24 2024

**INDIAN RIDGE COUNTRY CLUB
73 Lovejoy Rd., Andover, MA**



**Register Now
www.MBCGOLF.ORG**

**REGISTER TO GOLF
OR BECOME A
TOURNAMENT
SPONSOR:**

SCAN ME




**All proceeds
will benefit the
“Support-a-Camper
Scholarship
program”
as well as our
St. Methodios Faith
and Heritage Center.**

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TUESDAY, SEPTEMBER 24, 2024

SPONSORSHIP OPPORTUNITIES

-  **Tournament Sponsor**
Includes Front or Back Cover of Ad Book, Two Foursomes, and Hole Sponsor sign. **\$25,000**
-  **Platinum Grand Benefactor**
Includes Full Page ad, Foursome, and Hole Sponsor sign. **\$10,000**
-  **Gold Benefactor**
Includes Full Page ad and Hole Sponsor sign. **\$5,000**
-  **Silver Sponsor**
Includes Half Page ad and Hole Sponsor sign. **\$2,500**
-  **Bronze Patron**
Includes Quarter Page ad and Hole Sponsor sign. **\$1,000**
-  **Donor**
Listed as Donor in Ad Book and Hole Sponsor sign. **\$500**
-  **Supporter**
Listed as Supporter in Ad Book. **\$250**

Sponsor to be listed as:

Name:

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Credit Card Information:

Name As It Appears on Credit Card:

Credit Card Number:

Exp Date: _____

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Billing
Zip Code: _____



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GOLFER REGISTRATION

- | | | | |
|---|---------------|---|---------------|
| <input type="checkbox"/> Single Golfer | \$350 | <input type="checkbox"/> Foursome | \$1400 |
| <input type="checkbox"/> Twosome | \$700 | <input type="checkbox"/> Dinner Only | \$100 |
| <input type="checkbox"/> Threesome | \$1050 | <i>*All golfers include lunch and dinner.</i> | |

Foresome Partner Information:

Player 1: _____	Player 3: _____
Email: _____	Email: _____
Address: _____	Handicap/AVG. Score: _____
City, State, Zip: _____	
Handicap/AVG. Score: _____	Player 4: _____
Player 2: _____	Email: _____
Email: _____	Handicap/AVG. Score: _____
Handicap/AVG. Score: _____	

Schedule for the Day

- | | |
|-----------------------|---------------------------|
| 11:00 AM | Registration and Practice |
| 12:00-12:45 PM | Lunch |
| 1:00 PM | Shotgun Start |
| 6:00 PM | Cocktails and Dinner |
| 7:00 PM | Awards and Auction |

Entry fee per person includes:
Use of the practice facilities, luncheon, complimentary
drinks, dinner and putting contest.

Credit Card Information:

Name As It Appears on Credit Card:

Credit Card Number:



Exp Date: _____

CVV: _____

Billing

Zip Code: _____

Please return this completed form with your **Credit Card Information** or **Check** payable "Metropolis of Boston" to
Metropolis of Boston, 162 Goddard Avenue, Brookline, MA 02445