



HOMINY HILL GOLF COURSE

Proudly Hosts

THE ORDER OF AHEPA

Thomas A Edison Chapter 287

5th Annual Golf Tournament & Awards Event

Monday, June 9, 2025

Hominy Hill Golf Course: 92 Mercer Road, Colts Neck, NJ

*Limited, first come first serve basis.
Golf Attire Requested.

Tournament Information

Registration..... 7:30AM

Breakfast..... 8:00AM

Shot Gun Start 9:00AM

Fees

Single Golfer: \$240 | Foursome: \$960 | Lunch & Gift Auction Only: \$60

Your Golf 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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92 Mercer Road, Colts Neck, NJ

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Thomas A Edison Chapter 287

Organization Address & Contact

Information

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

www.AHEPA287.org
732-859-8163



Supporting



St. Jude Children's
Research Hospital



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) @ \$240.00: _____ Foursome @ \$960.00 _____ Lunch Only @ \$60