



# Bob Ferranti Memorial Scholarship Tournament

## Friday, May 21, 2021

### 10 Minute Staggered Tee Time

- JOIN OUR CAUSE** by helping us provide all kids the opportunity to discover who they are and what they can achieve. With your help the sky is the limit.
- JOIN OUR MISSION** to develop positive values that enrich the spirit, mind, and body by providing quality programming for ALL, with an emphasis on YOUTH.
- THEN JOIN US** for a Round of Golf, Bagged Lunch, Free Driving Range Use, Prizes in Two Flights, Contest Prizes and Raffle Prizes. Proper golf attire required.

### I will sponsor this years Bob Ferranti Memorial Scholarship Golf Tournament as a (please check all that apply)

<input type="checkbox"/> <b>Diamond Sponsor</b> Recognition as Lead Tournament Sponsor plus two teams	<b>\$3,000</b>	<input type="checkbox"/> <b>Bronze Sponsor</b> Hole Sponsor plus team	<b>\$850</b>
<input type="checkbox"/> <b>Platinum Sponsor</b> Name on 6 Flags plus two teams (3 year committment)	<b>\$2,000</b> (yearly)	<input type="checkbox"/> <b>Copper Sponsor</b> Hole in 1 Sponsor	<b>\$500</b>
<input type="checkbox"/> <b>Gold Sponsor</b> Meal Sponsor plus team	<b>\$1,000</b>	<input type="checkbox"/> <b>Hole Sponsor</b>	<b>\$185</b>
<input type="checkbox"/> <b>Silver Sponsor</b> Name on Drink Cart, Drink Shack or Practice Green plus team	<b>\$900</b>	<input type="checkbox"/> <b>Individual Golfer</b> (Raffle Tickets included)	<b>\$175</b>

Company Name: _____ (as it should appear on signage if applicable)	<input type="checkbox"/> My Check is enclosed (payable to the: Takodah YMCA)
Contact Name: _____	<input type="checkbox"/> Please charge my credit card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Mailing Address: _____	Name on Card: _____
City & State: _____ Zip: _____	Card Number: _____
Phone: _____	Expiration Date: _____ CVC #: _____
Email: _____	Signature: _____
	Total Sponsorship Fee: _____

**Tournament is held at the Keene Country Club**  
**755 West Street, Keene, NH**



# 18th Annual Bob Ferranti Memorial Scholarship Golf Tournament Entry Form



Captain:	Phone:
Address:	
Email:	
Handicap:	

Captain:	Phone:
Address:	
Email:	
Handicap:	

Captain:	Phone:
Address:	
Email:	
Handicap:	

Captain:	Phone:
Address:	
Email:	
Handicap:	

### Preferred Tee Times (8:00 am - 2:00 pm) with 10 minute intervals.

First Preference \_\_\_\_\_ Second Preference \_\_\_\_\_ Third Preference \_\_\_\_\_

**Please Note:** Tee Times are issued on a first come first service basis. We will try our best to accommodate your preferences. Once all registrations are received, we will email team captains that the tee times have been posted on our website.

<input type="checkbox"/> My Check is enclosed (payable to the: Takodah YMCA)	
<input type="checkbox"/> Please charge my credit card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Name on Card:	
Card Number:	
Expiration Date:	CVC #:
Signature:	
Total # of Players @ \$175.00 each:	
Total Payment (Due in full when form is completed):	



**Want to Register Online?**

**Please visit:**  
[camptakodah.campbrainregistration.com](http://camptakodah.campbrainregistration.com)

**Takodah YMCA**  
32 Lake Street  
North Swanzey, NH 03431