



All Care

Celebrating 27 years of golf and giving, the sponsors and participants of the All Care Golf Open continue to make an impact in the lives of so many, helping All Care to provide compassionate health and hospice care to those in need.

**Monday, June 24, 2019
Gannon Municipal Golf Course
Lynn MA**

Schedule of Events:

Registration.....8:30 am
Shotgun Start..... 9:30 am
Box Lunch.....11 am-2:00 pm
19th Hole.....3:00-4:00 pm
Reception & Awards.....4:00 pm

*The tournament will be played **rain or shine**. In the event the course is closed due to severe weather, the tournament will be rescheduled later in the season, based on availability.*




All Care

27th Annual Charity Golf Open



**Monday, June 24, 2019
Lynn's Gannon Municipal
Golf Course**

*Proceeds to benefit
All Care VNA & Hospice*

Sponsorship Opportunities

Title Sponsor **\$5,000**

Two Foursomes (8), Event Banner, Hole Sponsor, Promotional Material, *All Care* website, Program Listing

Reception & Awards Sponsor **\$4,000**

Two Foursomes (8), Dinner Banner, Hole Sponsor, *All Care* website, Program Listing

All Carts Sponsor **\$3,000**

One Foursome, Golf Carts Signage, Hole Sponsor, Program Listing

Lunch Sponsor **\$2,500**

One Foursome, Lunch Banner, Hole Sponsor, Program Listing

19th Hole Sponsor **\$2,000**

One Foursome, 19th Hole Banner, Hole Sponsor, Program Listing

Eagle Sponsor **\$1,500**

One Foursome, Hole Sponsor, Program Listing

Green Jacket Sponsor **\$1,000**

Two Golfers, Hole Sponsor, Program Listing

Premium Hole Sponsor **\$750 (3)**

Closest to the Pin, Longest Drive, or Putting Green: Signage at Premium Hole, Program Listing

Hole Sponsor **\$500**

Hole Signage and Program Listing

Registration Form

Company _____

as it will appear for signage & promotion

Contact _____

Address _____

City/State/Zip _____

Email _____ Tel _____

Participation

Sponsor Level _____

Golfers @ \$200 x _____ \$ _____

Dinner only \$75 x _____ \$ _____

Total \$ _____

General Donation \$ _____

In memory/honor of _____

Auction/Raffle Donation

Item _____ \$ _____ value

Payment (checks payable to *All Care Hospice*)

Card# _____

__ Visa __ MC __ AMEX

Exp. Date _____ sec code _____

Name on Card _____

Signature _____

Player Registration

Please register # _____ golfers at \$200.00/pp
(Greens Fee, Cart, Lunch, Awards Reception)

1. Name _____

Company _____

Address _____

Email _____

Tel _____

2. Name _____

Company _____

Address _____

Email _____

Tel _____

3. Name _____

Company _____

Address _____

Email _____

Tel _____

4. Name _____

Company _____

Address _____

Email _____

Tel _____

(use separate sheet for additional golfers)

Register by June 10 to Connie Ferreira
cferreira@allcare.org 781-244-1124
781-244-1058 (fax)