

SPONSORSHIPS

GOLD	1,500
SILVER	1,000
GOLF BALLS	1,000
GOLF CARTS	1,000
* FOUNDATION	1,000
HOLE IN ONE	800
LONGEST DRIVE	500
BEVERAGE CAR	500
BOX LUNCH	500
RECEPTION	500
PUTTING CONTEST	500
TEE SIGNS	350
CLOSEST TO THE PIN	300
CLOSEST TO THE LINE	300

*** FOUNDATION SPONSORSHIP**

Proceeds from all Foundation Sponsors will go directly to the AGC Connecticut Foundation, (a) 501 (c) (3) charitable organization.

***Make Check payable to:
AGC of Connecticut Foundation**

**For all other sponsorships, make check payable to:
AGC of Connecticut.**

Please Note:

Sponsorship does not include the cost of the Foursome.

Contributions or gifts to AGC-CT are not deductible as charitable contributions for Federal Income Tax Purposes.

The Foundation Sponsorship is the exception.

AGC-CT FOUNDATION 2021 GOLF TOURNAMENT

MONDAY, JULY 26TH

TUMBLE BROOK COUNTRY CLUB

376 SIMSBURY ROAD,
BLOOMFIELD, CT 06002



FOUNDATION

2021

GOLF TOURNAMENT



**MONDAY
JULY 26, 2021**

**11:00 AM SCRAMBLE TEE OFF
TUMBLE BROOK COUNTRY CLUB
BLOOMFIELD, CT**

ON-LINE REGISTRATION LINK

EVENT SPONSOR



Patrick Di Cerbo
Wealth Management Advisor
518.281.8200



REGISTRATION & SPONSORSHIP INFORMATION

Foursome ___ Single Player ___
Dinner Only ___

FOURSOME LEADER

Cell Phone _____

E-Mail _____

SPONSORSHIP LEVEL

Amount Enclosed _____

Please Invoice ___ Credit Card Payment ___



2021 GOLF TOURNAMENT MONDAY, JULY 26TH

10:00 am

REGISTRATION

11:00 am

SCRAMBLE FORMAT TEE-OFF

BOX LUNCH

4:00 pm

SOCIAL HOUR

4:45 pm

DINNER & AWARDS

COST

\$275 per person | \$1,100 per foursome
\$50 Dinner & Social Hour

Golf registration includes lunch, social hour, diner and prizes.

REGISTER FOR A FOURSOME OR DINNER

E-Mail: jwilhelm@ctconstruction.org

ON-LINE REGISTRATION LINK

Make checks payable to AGC of Connecticut

Mail with registration to:

AGC/CT, 912 Silas Deane Highway
Suite 112, Wethersfield, CT 06109

GOLF FOURSOME PARTICIPANTS

Foursome Leader & Company

1) _____

Golfer 2 & Company

2) _____

Golfer 3 & Company

3) _____

GOLFER 4 & COMPANY | SINGLE ()

4) _____

CREDIT CARD AUTHORIZATION

Total Amount Due: \$ _____

Credit Card Type: ___ Visa ___ MasterCard

Cardholder Name _____

Card Number _____

Expiration Date _____ Zip Code _____

Card Billing Address _____

E-Mail Contact _____

CVV2 _____

(3 digit number on back of Visa/MC, Discover)

Please do not e-mail credit card authorization.