

AGC of Connecticut and Foundation



MONDAY JULY 25, 2022

10:00 AM: Registration 11:00 AM: Scramble Start 4:00 PM: Social Hour 4:45 PM: Dinner/Awards

TUMBLE BROOK COUNTRY CLUB

376 Simsbury Road Bloomfield, CT 06002

\$275 GOLFER \$1,100 PER FOURSOME

GOLF REGISTRATION INCLUDES: Boxed Lunch - Social Hour/Dinner Goodie Bag - Contests - Prizes

REGISTER BY: 7/20/22

Event Sponsor:



Sponsorships

Tournament Sponsorships:

Gold \$2,000
Silver \$1,500
Golf Balls \$1,000
Golf Cart \$1,000
Beverage Cart \$500
Reception \$500
Longest Drive\$500
Closest to Line\$350
Closest to Pin\$350
Tee Signs\$350

Please note: tournament sponsorship does not include round of golf.

Foundation Sponsorship: \$1,000

Proceeds from all Foundation Sponsors will go directly to the AGC of Connecticut Foundation, a 501(c)(3) charitable organization. Sponsorship does not include the cost of golf. Make check payable to: AGC of Connecticut Foundation.

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

Contributions or gifts to AGC of Connecticut are not deductible as charitable contributions for federal income tax purposes. Foundation sponsorships are the exception.

REGISTER ONLINE: www.ctconstruction.org/2022agcctannualgolf

Questions? Contact Brie Campbell at bcampbell@ctconstruction.org or 860.529.6855.



AGC OF CONNECTICUT and FOUNDATION Annual Golf Tournament

Monday, July 25, 2022 • Tumble Brook Country Club, Bloomfield, CT

Registration Form

Register by July 20, 2022. Contact: Brie Campbell at bcampbell@ctconstruction.org | 860.529.6855.

Tournament Registration: Player registrations must include payment.

Player 3	Player 1: (Foursome Leader) Name: Email: 2: Name: 3: Name: 4: Name:	Cell #: Company: Company:	
Single Player: \$275	Name: Email:	Company: Cell #:	
Sponsorship Level: \$ Payable to: AGC of Connecticut. \$			
□ Foundation Sponsorship \$1,000 Payable to: AGC of Connecticut Foundation.			
► Total Amount Due: \$ Pay by: □ Check □ Credit Card		MAIL OR FAX REGISTRATION WITH PAYMENT TO: AGC of Connecticut, 912 Silas Deane Highway, Suite 112 Wethersfield, CT 06109 Fax: 860.563.0616	
Credit Card Authorization Total Amount Due: \$ Credit Card Type: □ Visa □ Mastercard □ Discover Cardholder's Name: Card Number: Expiration Date: CVV2:			
Card Billing Add Zip Code: Email:	dress: CVV2		

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