

*Please complete registration (both sides) and return with payment by May 16, 2022*

**SPTS, 110 West Main Street, Freehold, NJ 07728**

Contact Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail\* \_\_\_\_\_

Golf:  Individual (\$500)  Foursome (\$2,000) Tee Off Preference  Morning  Afternoon

Name \_\_\_\_\_ E-mail\* \_\_\_\_\_ Handicap \_\_\_\_\_

Name \_\_\_\_\_ E-mail\* \_\_\_\_\_ Handicap \_\_\_\_\_

Name \_\_\_\_\_ E-mail\* \_\_\_\_\_ Handicap \_\_\_\_\_

Name \_\_\_\_\_ E-mail\* \_\_\_\_\_ Handicap \_\_\_\_\_

Tennis (\$250):  A Flight (4.0 +)  B Flight (2.5-3.5)

Name \_\_\_\_\_ E-mail\* \_\_\_\_\_

*Registration can also be completed online: [www.bidpal.net/SPTSUSA](http://www.bidpal.net/SPTSUSA)*

**I would like to be a sponsor:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Tournament Sponsor (\$10,000) | <input type="checkbox"/> Dinner Sponsor (\$7,500)        | <input type="checkbox"/> Lunch Sponsor (\$5,000)     | <input type="checkbox"/> Breakfast Sponsor (\$2,500) |
| <input type="checkbox"/> Corporate Sponsor (\$2,500)   | <input type="checkbox"/> Auction Sponsor (\$2,500)       | <input type="checkbox"/> Golf Cart Sponsor (\$1,500) | <input type="checkbox"/> Flag Sponsor (\$1,500)      |
| <input type="checkbox"/> Course Refreshments (\$1,000) | <input type="checkbox"/> Driving Range Sponsor (\$1,000) | <input type="checkbox"/> Putting Green (\$500)       | <input type="checkbox"/> Premium Tennis (\$400)      |
| <input type="checkbox"/> Tee Sponsor (\$250)           | <input type="checkbox"/> Tennis Court Sponsor (\$250)    | <input type="checkbox"/> Pool Sponsor (\$250)        |  |

**I would like to support the SPTS Ad Journal: Please send "print ready" ads to [Journal@sptsusa.org](mailto:Journal@sptsusa.org) by May 16, 2022**

- Full Page Ad (\$500)  Half Page Ad (\$250)  Listing (\$100)

Additional Guests for Dinner (\$125 each) \_\_\_\_\_ Name (s) \_\_\_\_\_

*I am unable to attend but would like to make a donation.*

**Total Amount:** \_\_\_\_\_ *Please make checks payable to: SPTS, Inc.*

**Bill my:** Amex Visa Mastercard

**Card Number** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_ **Sec. Code** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*My company has a matching gifts program.  
SPTS can receive a matching gift for your donation!  
Please contact Julie Andreola for assistance applying.*