



Asthma and Allergy Foundation of America®

NEW ENGLAND CHAPTER

109 Highland Avenue, Needham, MA 02494 Phone: 781-444-7778 FAX: 781-444-7718
Website: www.asthmaandallergies.org • E-mail: aafane@aafane.org

25th Anniversary

AAFA New England Dr. Paul J. Hannaway Memorial Golf Classic

Monday, Sept. 15, 2014 - Tedesco Country Club, Marblehead, MA

2014 REGISTRATION FORM

Entry fee of \$300 per golfer includes: golf & cart, lunch, cocktail reception, dinner, and auction.

Golfer:

Name _____ Handicap _____ \$300.00
Dinner choice: grilled chicken lobster

I would like to play with the following golfers:

Name _____ Handicap _____ \$300.00
Address _____ ZIP _____
Tel. _____ E-mail: _____
Dinner choice: grilled chicken lobster

Name _____ Handicap _____ \$300.00
Address _____ ZIP _____
Tel. _____ E-mail: _____
Dinner choice: grilled chicken lobster

Name _____ Handicap _____ \$300.00
Address _____ ZIP _____
Tel. _____ E-mail: _____
Dinner choice: grilled chicken lobster

Note: Tedesco Country Club has adopted a spikeless policy.

NON-GOLFING PARTICIPANTS: Cocktails & dinner at 5:30 PM ___ @ \$75.00 each \$ _____
Please list names on the other side of this form.

SPONSOR/Advertiser (Please SEE OVER for Sponsorship Opportunities) \$ _____

TOTAL \$ _____

Name _____

Company Name (if relevant) _____

Address _____ zip _____

Phone _____ E-mail _____

____ Enclosed is my check payable to AAFA New England Chapter.

____ Please charge \$ _____ to my _____ MC _____ VISA _____ AMEX

Card Number _____ Exp Date _____

**Please mail or fax forms to: AAFA New England, 109 Highland Ave., Needham, MA 02494
FAX: 781-444-7718**

All proceeds benefit the Asthma and Allergy Foundation of America, New England Chapter.



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SPONSORSHIP OPPORTUNITIES

Gold Tee Sponsor - \$4000 - Includes 4 golfers, full page ad, and Exhibit Table

Name _____ Handicap _____
Name _____ Handicap _____
Name _____ Handicap _____
Name _____ Handicap _____

Silver Tee sponsor for \$1500 – Includes 2 golfers, half page ad, and Exhibit Table

Name _____ Handicap _____
Name _____ Handicap _____

Exhibit Sponsor for \$1000 – Includes Exhibit Table and half page ad

Name of Exhibitor _____

NON-GOLFING PARTICIPANTS

are welcome to join us for cocktails, dinner and auction at 5:30 p.m. (\$75.00 per person)

Name of guest: _____
Name of guest: _____
Name of guest: _____

Program Book

____ Full Page ad \$500 ____ Please list me as a Patron (\$100.00)
____ Half Page Ad \$250 ____ Please list me as a Friend (\$50.00)
____ Quarter Page Ad \$100

____ I will email high resolution .jpg or PDF file to aafane@aafane.org
____ Please create my ad using a “congratulations” or “best wishes” message.

QUESTIONS: Call Asthma and Allergy Foundation of America New England Chapter at 781-444-7778.

We are a 501 (c) (3) non-profit organization, Federal ID number - 04-2652894

Please complete the form on the reverse of this page.