



REFA CT MEMBERS ONLY

GOLF TOURNAMENT

MONDAY, JUNE 17, 2024

RACE BROOK COUNTRY CLUB

246 Derby Ave, Orange, CT

SCHEDULE

- 9:30 REGISTRATION OPENS
- 11:15am GOLF- SHOTGUN START
- 12:00pm- 2:00pm...LUNCH ON COURSE
- 4:30 - 6:30pm..... NETWORKING SOCIAL,
AWARDS & DINNER

SPONSORED BY:



2024 SPONSORSHIP OPPORTUNITIES

- DINNER SPONSOR.....Ion Bank
- GOLF BALL SPONSOR.....Sentry Commercial & Merritt 7
- CART SPONSOR.....Nuveen Green Capital
- LUNCH SPONSOR.....RMS Companies
- BEVERAGE/SNACK SPONSOR2 available at \$1,500 (includes 1 golf/dinner package)
- TOWEL SPONSOR.....CATIC
- NETWORKING SOCIAL SPONSOR.....HB Nitkin
- DRIVING RANGE SPONSORS.....NorthMarq Capital (1 more available at \$500)
- HOLE-IN-ONE SPONSORS.....Blew & Associates (2 more available at \$500 each)
- PUTTING GREEN SPONSOR.....Blew & Associates
- RAFFLE PRIZE SPONSORS.....\$500
- TEE SPONSORS.....\$300 includes recognition on tee signage

RETURN REGISTRATION FORM:

EMAIL: jstonge@ssmgt.com

MAIL: REFA-CT

One Regency Dr., P.O. Box 30, Bloomfield, CT 06002

Questions? Call 860-243-3977

REFA

REFA CT MEMBERS-ONLY GOLF TOURNAMENT

Please complete and return registration form by June 13th

Name _____ Company _____
Email _____ Phone: _____
Address _____ City _____ State _____ Zip _____

I will be the _____ Sponsor at \$ _____.

I am a REFA member and will play golf/ attend dinner: **\$300**

Handicap _____ (Must be included)

Golfers as part of my foursome will be:

(Members \$300 / Non-Member \$400)

Each REFA member golfer is allowed one non-member golfer.

Name _____ Handicap _____ Member \$ _____ Non-Member \$ _____

Name _____ Handicap _____ Member \$ _____ Non-Member \$ _____

Name _____ Handicap _____ Member \$ _____ Non-Member \$ _____

Please check with your golfers to make sure they are not signed up with another foursome.

COCKTAIL HOUR & DINNER ONLY: \$90

PAYMENT METHOD: _____ Credit Card _____ Invoice Me _____ CHECK # _____

Amount: \$ _____ **Please make check payable to REFA-CT**

Name on Card: _____

Card Number _____ Exp. Date: _____

Billing address: _____

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