

1ST ANNUAL

TERRI GOLDSMITH MEMORIAL



GOLF TOURNAMENT

Monday, May 5, 2025

Great Neck Country Club

28 Lamphere Road
Waterford, CT

*Proceeds
from this
event
support*



A portion of proceeds will benefit
YaleNewHavenHealth
Smilow Cancer Hospital

Check out our sponsorship opportunities and register to play!
To register or sponsor online go to: www.terrigoldsmith-golf.com

Questions? Contact John at golf@tewaterford.org or 860-608-0774

SPONSORSHIP OPPORTUNITIES

Ace • \$1,800

Includes tournament fees and carts for four players, tee & putting green signs, along with Ace recognition!

Eagle • \$900

Includes tournament fees and cart for two players, tee sign along with Eagle recognition!

Event Sponsor • \$750

Tee & putting green signs, and recognition on player golf ball gifts!

Birdie • \$500

Includes tournament fee for one player, tee sign along with Birdie recognition!

Par • Individual Golfers • \$175 each

All registrations include box lunch and post golf dinner reception.

Putting Green • \$180

Support our tournament and have a sign at putting green.

Hole Sponsor • \$150

Sign at tee.

Dinner Tickets • \$36 per person

Join us for the post-golf dinner (meal included, cash bar).

Registration
11 am



Shotgun Start
12 pm



Post Play Dinner
5 pm-ish

To register or sponsor online go to: www.terrigoldsmith-golf.com

Thank you for supporting this event!



CONTACT INFORMATION

Name: _____

Business Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Home Business Cell

Email: _____

SPONSORSHIPS, PARTICIPATION & DONATIONS

Ace • \$1,800

Par • \$175

Terri Goldsmith Memorial
Golf Tournament Donation
of \$ _____

Eagle • \$900

Putting Green • \$180

Event Sponsor • \$750

Hole Sponsor • \$150

Birdie • \$500

Dinner Tickets • \$36

GOLFER REGISTRATION

\$175 per player includes: Green fees and cart, box lunch and post golf dinner reception.

1. Player's Name: _____ Handicap* _____

2. Player's Name: _____ Handicap* _____

3. Player's Name: _____ Handicap* _____

4. Player's Name: _____ Handicap* _____

* If you do not have an official handicap (36 max), please indicate average score for the last five rounds

PAYMENT INFORMATION

_____ Accept my payment of \$ _____

_____ Check is enclosed, payable to Temple Emanu-El

_____ Charge my credit card: Visa Mastercard

Card #: _____ Exp: _____

CVC #: _____ Signature: _____

Billing Information if different than above:

Name _____

Address: _____

City/State/Zip: _____

Send form and payment to: Temple Emanu-El • Attn: Golf Tournament
P.O. Box 288 • Waterford, CT 06385