

CORPORATE SPONSORSHIP

The 3rd Annual ONL Foundation Golf Tournament
Wednesday, June 4, 2025
Mount Washington Golf Course, Bretton Woods, NH

ONL FOUNDATION GOLF TOURNAMENT

ORGANIZATION OF NURSE LEADERS - MA, RI, NH, CT, VT

Save time! Register online at onlfoundation.org/golf

Contact Name: _____

Business Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

I/We would like to become a sponsor at the following level:

Title Sponsor (\$10,000)

Lead Hole, Front Nine (\$4,500)

Lead Hole, Back Nine (\$4,500)

Carts (\$4,500)

Tournament Awards (\$4,500)

Sponsorships of \$4,500+ include a foursome for golf and can sponsor and play alongside up to two nurse leaders!

Boxed Luncheon (\$4,500)

On-Course Refreshments (\$4,500)

19th Hole (\$4,500)

Hole Sponsor* (\$1,000) **Note: Does not include golf.*

Please proceed with reserving your sponsorship if you are not yet ready to provide your golfer information; it may be submitted at a later date.

GOLFER 1:

Name: _____

Phone: _____

Email: _____

GOLFER 2:

Name: _____

Phone: _____

Email: _____

GOLFER 3:

Use this spot to sponsor and play alongside a nurse leader. If selected, ONL will pair you up with a nurse leader to complete your foursome.

Name: _____

Phone: _____

Email: _____

GOLFER 4:

Use this spot to sponsor and play alongside a nurse leader. If selected, ONL will pair you up with a nurse leader to complete your foursome.

Name: _____

Phone: _____

Email: _____

**Please make all checks payable and send payment to:
ONL Foundation · PO Box 178, Whitinsville, MA 01588**

Mail completed form with check, or submit via email to info@oonl.org by May 2nd.

GOLFER REGISTRATION

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Save time! Register online at onlfoundation.org/golf

Contact Name: _____

Business Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

I/We would like to play golf as:

Individual (\$250 per person)

Foursome (\$1,000 for four players)

**PAYMENT IS DUE AT TIME OF REGISTRATION.
ROUNDS FILL QUICKLY. RESERVATIONS TAKEN
ON A FIRST-COME, FIRST-SERVED BASIS.**

GOLFER 1:

Name: _____

Phone: _____

Email: _____

GOLFER 2:

Name: _____

Phone: _____

Email: _____

GOLFER 3:

Name: _____

Phone: _____

Email: _____

GOLFER 4:

Name: _____

Phone: _____

Email: _____

*Vendor availability for golf is limited and will be filled on a first-come, first-served basis.
Vendors registering as golfers (not as Sponsors) are unlikely to be paired up with nurse leaders to play.*

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OVER FOR CORPORATE SPONSORSHIP