

# 5TH ANNUAL Transplant GOLF TOURNAMENT

FRIDAY, AUGUST 2, 2019

Captain 'n' Crew Format • Lake Shore Yacht & Country Club

6777 Lakeshore Road, Cicero, NY 13039

Proceeds benefit the Upstate University Hospital Transplant Patient Assistance Fund at the Upstate Foundation.

Tournament features lunch, 18 holes of golf, awards dinner following play and gift. Prizes and silent auction will be part of the day.

## SPONSOR OPPORTUNITIES

### ☐ Dinner Sponsor – \$3,000

One foursome. Signage at dinner reception.  
Company logo on two tee signs.

### ☐ Scholarship Sponsor – \$1,000 Exclusive!

One foursome. Signage at lunch and dinner.  
Company logo on one tee sign.

### ☐ Lunch Sponsor – \$1,000

One foursome. Signage at lunch. Company logo on one tee sign.

### ☐ Cart Sponsor – \$500

Name/Company logo on signage in cart area.

### ☐ Closest-to-the-Pin Contest Sponsor – \$250

Name/company logo on contest sign.

### ☐ Longest Drive Contest Sponsor – \$250

Name/company logo on contest sign.

### ☐ Tee Sponsor – \$100

Name/Company logo on tee sign.

### ☐ Raffle prize donation *(Please add description and value of donation)*

## FOURSOMES

### ☐ \$450 per foursome (registered by June 28)

### ☐ \$475 per foursome (registered after June 28)

## INDIVIDUAL GOLFERS

### ☐ \$100 per transplant golfer and immediate family

### ☐ \$125 per golfer

### ☐ \$45 per person/dinner only

### ☐ I cannot attend but would like to make a donation of

\$ \_\_\_\_\_

FOR INFORMATION, CONTACT TANIA LYONS  
CALL 315-464-7321 | FAX 315-464-6288

EMAIL [lyonst@upstate.edu](mailto:lyonst@upstate.edu)

REGISTER ONLINE

[www.UpstateFoundation.org/transplant](http://www.UpstateFoundation.org/transplant)

**Lunch and registration: 12 – 1 pm • Shotgun start: 1 pm**

**Please complete and return with entry fee by July 19.**

Confirmation will be sent to all golfer emails five days prior to the tournament. Individuals will be paired to make foursomes.

## TEAM INFORMATION

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

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

## PLAYER ENTRY FORM

1 Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

2 Name \_\_\_\_\_

Email \_\_\_\_\_

3 Name \_\_\_\_\_

Email \_\_\_\_\_

4 Name \_\_\_\_\_

Email \_\_\_\_\_

## METHOD OF PAYMENT

Total amount \$ \_\_\_\_\_

☐ Check made payable to: Upstate Foundation/Transplant Golf

☐ Please charge my ☐  ☐  ☐  ☐ 

Credit card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Mail to: Upstate Foundation, 750 E. Adams Street, Syracuse, NY 13210