BCNY The Boys' Club of New York

BCNY Annual Golf Outing
Tuesday, June 10, 2025
Piping Rock Club
150 Piping Rock Road, Locust Valley, New York

CONTACT INFORMATION

Name: _____ Email: _____
Address: _____
City: _____ State: _____ ZIP: _____
Preferred Phone: ☐ Cell ☐ Work ☐ Home Number: _____

Listing: Please indicate exactly how you wish to be listed on event materials, including your company if applicable. For your information, most guests choose to be listed informally: "Jane and John Smith."

_____

SPONSORSHIP OPPORTUNITIES

___ **CLUBHOUSE SPONSOR $50,000**
- Two (2) foursomes
- Logo/name listed in print and digital marketing materials
- Prominent signage outside the clubhouse

___ **LUNCH SPONSOR $25,000**
- One (1) foursome
- Logo/name listed in print and digital marketing materials
- Prominent signage at lunch service

___ **PRO SHOP SPONSOR $15,000**
- One (1) foursome
- Logo/name listed in print and digital marketing materials
- Prominent signage at Pro Shop/locker room

___ **GOLF CART SPONSOR $10,000**
- One (1) foursome
- Logo/name listed in print and digital marketing materials
- Signage displayed on all golf carts

___ **BEVERAGE CART SPONSOR $5,000**
- Logo/name listed in print and digital marketing materials
- Signage on the beverage cart

___ **HOLE SPONSOR $2,500**
- Logo/name listed in print and digital marketing materials
- Signage at one hole

FOURSOMES & INDIVIDUAL TICKETS

Please indicate the number of foursomes or individual tickets you wish to purchase in the space provided.

___ Foursome $8,000 ___ Individual Ticket $2,000

The non-tax-deductible amount per foursome is $2,868 ($717 per golfer).
Please note that all sponsorships and tickets are non-refundable.

*Kindly provide foursome information by **May 27th** including guest names and GHIN#/handicap.*

CONTRIBUTIONS

I cannot attend but would like to make a tax-deductible contribution to BCNY in the amount of $ _____.

PAYMENT INFORMATION

☐ I will submit a check for $ _____.

Please make all checks payable to: **The Boys' Club of New York**
91 Fifth Avenue
7th Floor
New York, NY 10003

☐ Please charge my credit card ☐ Amex ☐ MasterCard ☐ Visa ☐ Discover

Card #: _____ Exp: _____ /_____

CSC: _____ Signature: _____

THANK YOU FOR YOUR SUPPORT!