



2016
CHARITY GOLF EVENT
 Chabad 20TH TRADITIONAL CHARITY
 GOLF TOURNAMENT

JOIN US!

DATE: Thursday June 2nd 2016
LOCATION: Sleepy Hollow Golf and Country Club
*Map available on request...call
 905 886-0420*

PROCEEDS: Chabad Lubavitch of Markham

AGENDA: Registration 11:30 - 12:15
 Driving range available Lunch on arrival
 Shotgun Start 1:00 p.m.
 Skill contests on course
 Cocktails 5:30 p.m.
 Dinner & Prizes 6:30 p.m.

ENTRY FEE: \$ 295 per player

TAX RECEIPTS: Tax receipts will be issued for a portion of the entry fee and will be issued at the end of the year.

DRESS: Golf attire / casual
 Including reception and dinner

Note: Soft spikes are required



MAKING A DIFFERENCE 365 DAYS OF THE YEAR...

...WITH OUR YOUTH

Schools, camps and innovative programs for students of all ages, regardless of ability to pay. Ensuring that the future of our precious heritage is in good hands.

...WITH IMMIGRANT SUPPORT

Personal counselling to assist with housing employment, furniture and food. Helping to welcome and integrate immigrants into our community.

...WITH COMFORT FOR THE SICK

Visits, meals and spiritual comfort for the sick and their families. Helping to heal through hope and friendship in times of need.

...WITH AID FOR THE NEEDY

Fund raising, clothing and food drives for food banks and shelters. Sharing our blessings with the poor and the abused.

...WITH OUR SYNAGOGUE AND COMMUNITY CENTRE

Regular services and vibrant, ongoing, formal and informal Adult Education programs. The centre at 83 Green Lane, Thornhill is open to all. Sanctuary, library, main hall, and classrooms with play area. For over 30 years, nurturing and nourishing the spiritual needs of the whole community.

Chabad Lubavitch Markham is the only community outreach organization of its kind in Northeastern Toronto. Currently, our programs reach over 5,000 families.

With your contribution, we will continue to grow from strength to strength.



SPONSORSHIP INFORMATION

SPONSORSHIP OPPORTUNITY

COST

- | | |
|---|-----------|
| <input type="checkbox"/> DINNER SPONSOR | \$ 10,000 |
| <input type="checkbox"/> LUNCH SPONSOR | \$ 5,000 |
| <input type="checkbox"/> PRIZE SPONSOR | \$ 3,000 |
| <input type="checkbox"/> COCKTAIL SPONSOR | \$ 2,500 |
| <input type="checkbox"/> PLATINUM SPONSOR | \$ 2000 |
| <input type="checkbox"/> CORPORATE HOLE SPONSOR | \$ 1000 |
| <input type="checkbox"/> HALF HOLE SPONSOR | \$ 500 |

FULL COLOUR SPONSORSHIP SIGNS ARE PROMINENTLY DISPLAYED AT THE EVENT DURING PLAY AND AT THE POST-GAME RECEPTION, DINNER AND PRIZE GIVING.

THE COST OF SIGNAGE AND THE ACKNOWLEDGEMENTS IN THE PROGRAM ARE INCLUDED.

TAX RECEIPTS ARE ISSUED AT THE END OF THE YEAR.

PLEASE INDICATE YOUR PREFERRED LEVEL OF SPONSORSHIP BY CHECKING ABOVE AND INCLUDE THE RELEVANT AMOUNT ON THE EARLY BIRD REGISTRATION FORM ATTACHED.



THURSDAY JUNE 2ND, 2016

Every year *Chabad Lubavitch Charity Golf Tournament* sells out. Our success is based on a simple belief that if we make your experience as enjoyable and memorable as possible, you will want to come back and bring your friends.

This approach is working. In the previous eighteen years of running this tournament we have had to turn away applications for lack of space. Foursomes and sponsorships are limited. For that reason we are offering our friends and supporters of last year's golf tournament early bird registration privileges.

Pre-registration privileges will expire March 31st, 2016. After this date we will then approach last year's waiting list. It's not a matter of selling out the tournament - it's just a matter of when. Timing is everything.

Don't be disappointed.

Fax through your registration today!



EARLY BIRD REGISTRATION

A: For Sponsors:

Yes, I would be glad to sponsor the following activities -see details on the facing page:

_____ \$ _____
 _____ \$ _____

Name to appear on Sponsor Sign: _____

B: For Players:

Yes, I'd love to attend
 I am paying for ___ players (x \$295).

LIST YOUR FOURSOME BELOW AND CHECK THOSE INCLUDED IN YOUR PAYMENT

- 1. _____
- 2. _____
- 3. _____
- 4. _____

To sponsor AND play please complete A: & B:

Please include me in the foursome. _____

C: Player/Company and Billing

Information:

(Complete in all cases. If paying separately for player's tickets and sponsorship, please use separate forms.)

Name: _____

Attn: _____

Address: _____

City: _____ Postal: _____

Phone #: _____

E-mail: _____

Please bill my: VISA Mastercard
 Company

Card #: _____

Expiry: _____ Amount: \$ _____

My contact at Chabad is _____

**Please fax the completed form to:
 Esther Alexander
 Fax: 905-886-0421**