

Player Information

Player #1

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Email: _____

Player #2

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Email: _____

Player #3

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Email: _____

Player #4

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Email: _____

Please Return This Registration Panel with Payment To:

Fund Development Department
Carrier Clinic, PO Box 147, Belle Mead, NJ 08502

Carrier Clinic Annual Golf Classic

Monday, June 18, 2018

Cherry Valley Country Club

For directions, please visit our website
CarrierClinicGolfClassic.org



SCHEDULE

10:00—11:30	Check-In
11:00—12:30	BBQ Lunch
12:30	Shotgun Start
5:30—7:00	“After Party” Cocktails, Dinner & Program

**Challenging Course
Golf Contests
Raffle Prizes
Lunch & BBQ After Party**

For more information:

CarrierClinicGolfClassic.org

Carrier
clinic 



**SHATTER THE STIGMA
GOLF CLASSIC**

**32nd Annual Outing
Monday, June 18, 2018**

**CHERRY VALLEY COUNTRY CLUB
SKILLMAN, NEW JERSEY**



WELCOME

We hope you will join us for the 32nd annual **Carrier Clinic SHATTER THE STIGMA Golf Classic!**

We dedicate this event to those who are struggling with the disease of mental illness. We ask everyone to start the dialogue that will help to end the STIGMA surrounding mental illness and addictions.

Imagine today you or a loved one is diagnosed with cancer or heart disease, and you are afraid to seek treatment. Imagine that **you need a place like Carrier Clinic, but you are afraid of the stigma** associated with this life changing treatment...

You don't need to imagine this scenario, because this is a reality and is happening every day. When will we stop blaming this disease on those affected by it?

We must take a stand and decide that we cannot continue to view mental illness as something we have to hide.

Please join us for our SHATTER THE STIGMA Golf Classic, and bring your parent, child, spouse, cousin, sibling, friends, colleagues, and neighbors and let's start the dialogue, with those closest to us, to **end the stigma.**



Carrier Clinic's mission is to inspire hope & recovery through expert treatment, education, compassionate care, and outstanding service.

EVENT SPONSORSHIP

___ "Presenting" Sponsor \$10,000

- * Carrier Clinic SHATTER THE STIGMA Golf Classic presented by "Your Company Name" includes event web site, print materials, event correspondence, event sponsor sign
- * Two foursomes — 8 golfers enjoy one full round of golf with carts
- * Your logo included on event website, cover of event program
- * Four hole signs
- * Opportunity to provide a participant giveaway
- * Buffet lunch & soft drinks on the course
- * "After Party" open bar, hors d'oeuvres, and dinner

___ "Clubs" Sponsor \$5,000

- * Two foursomes — 8 golfers enjoy one full round of golf with carts
- * Your Company Name listed on event sponsor sign
- * Your logo included in program booklet
- * Two hole signs
- * Opportunity to provide a participant giveaway
- * Buffet lunch & soft drinks on the course
- * "After Party" open bar, hors d'oeuvres, and dinner

___ "Perfect Game" Sponsor \$2,500

- * One foursome — 4 golfers enjoy one full round of golf with carts
- * Your Company Name listed on event sponsor sign
- * Your name listed in program booklet
- * One hole sign
- * Opportunity to provide a participant giveaway
- * Buffet lunch & soft drinks on the course
- * "After Party" open bar, hors d'oeuvres, and dinner

___ Foursome \$1,700

- * Four players enjoy one round of golf with carts
- * Buffet lunch & soft drinks on the course
- * "After Party" open bar, hors d'oeuvres, and dinner

___ Individual Golfer \$450

___ Individual Hole Sign \$300

- * One hole sign — 100% tax deductible

___ Cocktails & Dinner \$100

**Various print deadlines apply to all collateral materials and will vary based on the material*

Register online at:
CarrierClinicGolfClassic.org

Event/Sponsor Registration

REGISTER ONLINE!

CarrierClinicGolfClassic.org
or return this panel

Sponsor Level: _____ \$ _____

Name & Email _____

Company Name _____

Address _____

Phone _____

___ Credit Card ___ Check

Please make checks payable to "Carrier Clinic"

Credit Card # _____

Expiration Date _____ Sec. Code _____

Name on Card _____

Signature _____

Charge Amount \$ _____

I am unable to attend, but I would like to support Carrier Clinic and this event. Please accept my tax-deductible donation of \$_____.

CARRIER CLINIC IS AN INDEPENDENT, NON-PROFIT 501c3 ORGANIZATION.

Information filed with the Attorney General concerning this charitable organization may be obtained from the Attorney General of the State of New Jersey by calling 973-504-6215. Registration with the Attorney General does not imply endorsement.