## 2024 BRUCE W. HILL MEMORIAL YAC GOLF OUTING

## 

Registration Form August 19 | Pine Barrens Golf Club





Join the Young Agents Council for the 2024 Bruce W. Hill Memorial YAC Golf Outing on August 19th at Pine Barrens Golf Club. Registration starts at 10:30am. Enjoy lunch before the 12pm shotgun start. Heavy hors d'oeurves after golf with 2-hour open bar. All are welcome to attend.

This event is not only about golf and connecting with old friends and industry colleagues, The YACs have a mission each year to help support a charity that they find close to their hearts. Please note there will be many opportunities through out the day to help the YAC's reach their goals and support the charity of their choice.

| CONTACT INFORMATION   |  |            |  |                               |                     |  |  |  |
|---|--|------------|--|-------------------------------|---------------------|--|--|--|
| Contact Name: [] AAI  |  |            |  |                               | []ACSR []ARM []CRIS |  |  |  |
| Badge Name (if different):  |  |            |  | Big I NJ Member? [] Yes [] No |                     |  |  |  |
| Position: Company/Ag  |  |            | gency:   |                               |                     |  |  |  |
| Address:  |  |            |  |                               |                     |  |  |  |
| City:   |  | Sta        | ite:   | Zip:                          |                     |  |  |  |
| Phone:  |  | Em         | Email:   |                               |                     |  |  |  |
| GOLFER REGISTRATION - Registration Deadline is August 12  |  |            |  |                               |                     |  |  |  |
| Golf Package (all inclusive): \$250, after August 1 - \$265   |  |            | Lunch/Cocktails Only (meals, open bar, prizes): \$85 |                               |                     |  |  |  |
| Average Score: [] 89 or Less [] 90-105 [] 106-119 [] 120 or above   |  |            |  |                               |                     |  |  |  |
| [] Please assign me to a foursome. [] My foursome is below.   |  |            |  |                               |                     |  |  |  |
| Golfer 1:   |  |            | Golfer 2:  |                               |                     |  |  |  |
| Golfer 3:   |  |            | Golfer 4:  |                               |                     |  |  |  |
| PAYMENT INFORMATION   |  |            |  |                               |                     |  |  |  |
| Total Cost: \$ Pa   |  |            | ayment Method: []Check []Mastercard []Visa           |                               |                     |  |  |  |
| If writing a check, make payable to: Big I NJ. We cannot accept Discover or American Express below. They are only accepted on-line.   |  |            |  |                               |                     |  |  |  |
| Credit Card Number:   |  |            |  |                               |                     |  |  |  |
| CVV Number: Ex  |  | Ex         | xpiration Date (xx/xx):                              |                               |                     |  |  |  |
| Billing Address (if different):   |  |            |  |                               |                     |  |  |  |
| City: St  |  | Sta        | ate:   |                               | Zip:                |  |  |  |
| Name on Card:   |  | Signature: |  |                               |                     |  |  |  |
| Read and Acknowledge by Checking.   |  |            |  |                               |                     |  |  |  |
| [] I authorize Big I New Jersey to charge my credit card for the amount listed above. Funds over the amount indicated as the total will be charged only in the event the total fee is under-calculated. |  |            |  |                               |                     |  |  |  |

Send forms to: Jennifer Kacmarsky, jkacmarsky@biginj.org, Fax: 609-587-4515, or 2211 Whitehorse-Mercerville Rd., Trenton, NJ 08619.



## 2024 BRUCE W. HILL MEMORIAL YAC GOLF OUTING Sponsorship Agreement Form

August 19 | Pine Barrens Golf Club, Jackson, NJ

| CONTACT INFORMATION  | J                              |                             |            |                  |               |  |  |
|--|--------------------------------|-----------------------------|------------|------------------|---------------|--|--|
| Company Name:  |                                |                             |            |                  |               |  |  |
| Contact Name:  |                                |                             |            |                  |               |  |  |
| Position:  |                                |                             | Big I NJ   | Member? Y        | ′es No        |  |  |
| Address:   |                                |                             |            |                  |               |  |  |
| City:  |                                | State:                      | Zip:       |                  |               |  |  |
| Phone:   |                                | Email:                      |            |                  |               |  |  |
| SPONSORSHIP DETAILS  |                                |                             |            |                  |               |  |  |
| Sponsorship  | Cost                           | Plus Foursome (by           | 8/1        | Plus Foursom     | e (after 8/1) |  |  |
| Lunch  | \$500                          | \$1400                      |            | \$1450           |               |  |  |
| Halfway House  | \$500                          | \$1400                      |            | \$1450           |               |  |  |
| Hole In One  | \$400                          | \$1300                      |            | \$1350           |               |  |  |
| Putting Green  | \$300                          | \$1200                      |            | \$1250           |               |  |  |
| Orange Ball Contest  | \$300                          | \$1200                      |            | \$1250           |               |  |  |
| Longest Drive (Men & Women)  | \$250                          | \$1150                      |            | \$1200           |               |  |  |
| Straightest Shot   | \$250                          | \$1150                      |            | \$1200           |               |  |  |
| Closest to the Pin   | \$250                          | \$1150                      |            | \$1200           |               |  |  |
| Driving Range  | \$200                          | \$1100                      |            | \$1150           |               |  |  |
| Hole   | \$175                          | \$1075                      |            | \$1125           |               |  |  |
|  |                                |                             |            |                  |               |  |  |
| SPONSORSHIP COI  | MMITMENT                       | ·                           |            |                  |               |  |  |
| Sponsorship Type:  |                                |                             |            |                  |               |  |  |
| Foursome (if applicable):  |                                |                             |            |                  |               |  |  |
| Golfer 1:  |                                | Golfer 2:                   |            |                  |               |  |  |
| Golfer 3:  |                                | Golfer 4:                   |            |                  |               |  |  |
| PAYMENT INFORMATIO   | N                              |                             |            |                  |               |  |  |
| Total Cost: \$   |                                | Payment Method:             | Check      | Mastercard       | Visa          |  |  |
| If writing a check, please make p                                      | ayable to: Big I New Jersey. W | /e cannot accept Discover o | r Americar | n Express.       |               |  |  |
| Credit Card Number:  |                                | -                           |            |                  |               |  |  |
| CVV Number: Expiration Date (xx/xx):                                   |                                |                             |            |                  |               |  |  |
| Billing Address (if different):  |                                |                             |            |                  |               |  |  |
| City:  | ļ                              |                             | :          | Zip:             |               |  |  |
| Name on Card: S  |                                | Signature:                  | Г.         |                  |               |  |  |
| Read and Acknowledge by Checking.                                      |                                |                             |            |                  |               |  |  |
| I authorize Big I New Jersey to<br>total will be charged only in the e |                                |                             | s over the | amount indicated | d as the      |  |  |

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