



**FRANE'S RYAN MARROCCO
"EVERYONE WINS"
MEMORIAL SCHOLARSHIP GOLF TOURNAMENT**

PINEHILLS GOLF CLUB
Rees Jones & Jack Nicklaus Courses
54 Clubhouse Drive, Plymouth, Massachusetts



**Tuesday, May 24, 2022
11:00 AM Shotgun Tee-Off**

A. GOLF PACKAGE OPTIONS:

- The Green Jacket - \$3,000.00 - four golfers as described below PLUS an exclusive tee and green sponsorship, \$300 in Raffle Tickets, 50/50 Hole & Putting Contest for group.
- The Jack Nicklaus - \$2,500.00 - four golfers as described below PLUS an exclusive tee and green sponsorship (entire hole).
- The Arnold Palmer - \$2,250.00 - four golfers as described below PLUS an exclusive tee or green sponsorship.
- The Golfer - \$500.00 - includes cart, green fees, and use of driving range, locker rooms, continental breakfast, boxed lunch, pre-dinner appetizers, sumptuous dinner buffet.

- B. DINNER & HORS D'OEUVRES ONLY** - \$75.00 per person (casual dress)
- C. TEAM PUTTING COMPETITION FOR CASH PRIZES** (during the tournament)
- D. OVER \$10,000 IN TOP QUALITY RAFFLE PRIZES** (during dinner)

Register early to secure your spot! All proceeds benefit our Annual Scholarship Program!

BILL OF FARE	
9:30 - 11:00am	Check-In / Continental Breakfast
11:00 AM	Shotgun Start
Lunch	On Course BBQ
4:00 PM	Hors d'oeuvres (Cash Bar)
5:00 PM	Dinner (Casual Dress), Prizes, and Auction of Sports Memorabilia

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 - _____ The Jack Nicklaus @ \$2,500.00 per package
 - _____ The Arnold Palmer @ \$2,250.00 per package
 - _____ The Golfer @ \$500 per golfer

We will again be supporting our local food banks by collecting non-perishable food items at the time of registration. Thank you!

Guest's in your foursome (please let FRANE office know if you would like us to arrange a foursome for you)

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

B. DINNER & HORS D'OEUVRES ONLY: _____ @ \$75.00 PER PERSON \$ _____
TOTAL DUE: \$ _____

Please check one of the following: _____ Payment Enclosed _____ Bill Credit Card _____ Invoice

Credit Card Type: _____ Master Card _____ Visa _____ American Express

Acct # _____ Exp. Date _____

Authorized Signature: _____ CCV# _____

NAME: _____ COMPANY: _____

ADDRESS: _____
STREET CITY ST ZIP CODE

TELEPHONE: _____ FAX: _____

EMAIL: _____

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