



FRANE 26TH ANNUAL
"EVERYONE WINS"
SCHOLARSHIP GOLF TOURNAMENT

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

Tuesday, May 21, 2024
11:00 AM Shotgun Tee-Off



A. GOLF PACKAGE OPTIONS:

- _____ The Jack Nicklaus - \$2,500.00 - four golfers as described below PLUS an exclusive tee and green sponsorship
- _____ Twosome - \$1250.00 - includes twosome and an exclusive tee or green sponsorship, cart, green fees, and use of driving range, locker rooms, continental breakfast, boxed lunch, pre-dinner appetizers, sumptuous dinner buffet.
- _____ 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 - \$100.00 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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- A. GOLF OPTIONS
- _____ The Jack Nicklaus @ \$2,500.00 per package
- _____ The Twosome @ \$1250
- _____ The Golfer @ \$500 per golfer
- _____ Tee Sponsorship @ \$500
- _____ Dinner Only @ \$100

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

| Golfer Name | Golfer Email Address | Golfer Name | Golfer Email Address |
|-------------|----------------------|-------------|----------------------|
| 1. _____ | _____ | 2. _____ | _____ |
| 3. _____ | _____ | 4. _____ | _____ |

- B. DINNER & HORS D'OEUVRES ONLY: _____ @ \$100.00 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# _____

(all credit card payments will incur a 3.5% processing fee)

NAME: _____ COMPANY: _____

ADDRESS: _____ STREET CITY ST ZIP CODE

TELEPHONE: _____ FAX: _____

EMAIL: _____

Email, mail or fax to:
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