



FRANE 27TH ANNUAL
"EVERONE WNS"
SCHOLARSHIP GOLF TOURNAMENT

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

Tuesday, May 20, 2025
11:00 AM Shotgun Tee-Off



A. GOLF PACKAGE OPTIONS:

- **The Jack Nicklaus** - \$2,500.00 - four golfers and an exclusive sponsorship w/ Logo, cart, green fees, use of driving range, locker rooms, continental breakfast, boxed lunch, pre-dinner appetizers, and delicious dinner buffet
- **Twosome** - \$1250.00 - includes twosome + everything outlined in the Jack Nicklaus package above
- **The Golfer** - \$500.00 - includes cart, green fees, and use of driving range, locker rooms, continental breakfast, boxed lunch, pre-dinner appetizers, + dinner buffet for one individual

B. DINNER & HORS D'OEUVRES ONLY - \$100.00 per person (casual dress)

C. TEAM PUTTING COMPETITION FOR CASH PRIZES (during the tournament)

D. 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
_____ Sponsorship w/ Logo @ \$500
_____ Dinner Only @ \$100

Guests in your foursome (please let FRANE office know if you would like us to arrange a foursome for you + Shirt Size of each golfer)

Golfer Name + Shirt Size	Golfer Email Address	Golfer Name + Shirt Size	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: _____ MasterCard

_____ 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:

FROZEN & REFRIGERATED ASSOCIATION OF THE NORTHEAST
C/O Dawn Fish Business Solutions, LLC
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East Hartford, CT 06138

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