



**FRANE 28TH ANNUAL  
"EVERYONE WINS"  
SCHOLARSHIP GOLF TOURNAMENT**

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

**Tuesday, May 19, 2026  
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!**

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

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- \_\_\_\_\_ 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	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:**

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

EMAIL: [FRANE@FRANE.ORG](mailto:FRANE@FRANE.ORG)