

Unified Community Connections 17th Annual Golf Classic

Presented by Sandy Spring Bank

Elkridge Club
6100 N. Charles Street
Baltimore, MD 21212
Monday, May 1, 2023

Registration & Lunch: 11:30 AM—1:00 PM
Shotgun Start: 1:00 PM
Cocktail Party: 6:00 PM—8:00 PM
Awards: 7:00 PM



PART ONE: MAIN CONTACT NAME & ADDRESS

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Email: _____

PART TWO: FOURSOME INFORMATION

Player 1: _____ Email: _____ Handicap: _____
Player 2: _____ Email: _____ Handicap: _____
Player 3: _____ Email: _____ Handicap: _____
Player 4: _____ Email: _____ Handicap: _____

PART THREE: GOLF OUTING PRICES *(Sponsor logos due to LBUSSARD@unified.org by Fri., April 14 for signage purposes.)*

_____ = # _____ X **\$50 Individual Cocktail Party Guest**—post-tournament hors d'oeuvres & cocktails ONLY - no golf
_____ = # _____ X **\$275 Individual Golf Registration—*early bird price*** (increase to \$325 starting April 3)
all Golfer, Foursome & Sponsor packages include a gift, contests, food & cocktail party
_____ **\$1,000 Foursome—*early bird price*** (increase to \$1,200 starting April 3)
_____ **\$600 Hole Sponsor**—includes 2 Cocktail Party guests
_____ **\$1,300 Foursome + Hole Sponsor—*early bird price*** (increase to \$1,500 starting April 3)
_____ **\$2,500 On Course Food & Beverage Station Sponsor**—includes 1 foursome & event signage
_____ **\$5,000 Cart Sponsor**—includes 1 foursome, premium event signage & 2 extra Cocktail Party guests
_____ **\$7,000 Bar Sponsor**—includes 2 foursomes, premium event signage & 2 extra Cocktail Party guests
_____ **\$7,000 Fairway Fare Sponsor**—includes 2 foursomes, premium event signage & 2 extra Cocktail Party guests
_____ **SOLD** _____ **\$10,000 Presenting Sponsor—*Sandy Spring Bank***
Please accept this *donation* as I am unable to attend
\$ _____ TOTAL

PART FOUR: PAYMENT

_____ Check _____ VISA _____ MasterCard _____ Amex _____ Discover

_____ Online at www.unified.org/donate/

Name on Card: _____ Exp. Date: _____

Card Number: _____ CVV #: _____

Billing Zip: _____ Signature: _____

Please make checks payable to:

Unified Community Connections
Attention: *Lauren Bussard*
952 Ridgebrook Rd.
Unit #1000
Sparks, MD 21152
443-449-2461
LBUSSARD@unified.org
www.unified.org