



3rd Annual

GOLF TOURNAMENT

JULY 6, 2009

All proceeds will benefit the youth programs of the Methuen Arlington Neighborhood, Inc.



MAN, Inc.

Golf Tournament

DATE:
Monday, July 6, 2009

8:00 AM

Merrimack Golf Course
210 Howe Street
Methuen, MA

\$100 Per Player

*All proceeds will benefit
the Youth Programs of
the Methuen Arlington
Neighborhood, Inc.*

*141 Tenney Street,
PO Box 715
Methuen, MA 01844*

**Includes: Golf, Cart and Food
(sausage subs at the turn and
steak dinner at end of event)**

**For More Information:
Contact Linda or Pam at**

Methuen Arlington Neighborhood, Inc.
978-691-5645

Methuen Arlington Neighborhood, Inc.
Third Annual Golf Tournament
(Tax-exempt identification number is 04-3265830)

Monday, July 6, 2009

To Benefit Neighborhood Youth Programs

	<u>Amount</u>
Gold Sponsor <i>(includes foursome)</i>	\$2,500
Silver Sponsor <i>(includes foursome)</i>	\$1,500
Dinner Sponsor <i>(includes foursome)</i>	\$1,000
Prizes and Awards	\$750
Gift Bags	\$500
Golf Cart Sponsor	\$500
Hole In One	\$500
Longest Drive	\$250
Closest to Pin	\$250

Please make checks payable to:

Methuen Arlington Neighborhood, Inc.
141 Tenney St, PO Box 715
Methuen, MA 01844 Phone: 978-691-5645

Methuen Arlington Neighborhood, Inc.
Third Annual Golf Tournament
To Benefit Neighborhood Youth Services

Date: Monday, July 6, 2009 Time: 8:00 A.M.
Place: Merrimack Golf Course
Format: Scramble

To help the Tournament Committee in communication and organization with all members of your four-person scramble team, please complete all information. If you have any questions please contact Linda Soucy or Pam Marchand at 978-691-5645. Thank you.

CAPTAIN'S NAME: _____
Home Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Business Phone:** _____
E-mail: _____ **Shirt Size:** _____

PLAYER'S NAME: _____
Home Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Business Phone:** _____
E-mail: _____ **Shirt Size:** _____

PLAYER'S NAME: _____
Home Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Business Phone:** _____
E-mail: _____ **Shirt Size:** _____

PLAYER'S NAME: _____
Home Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Business Phone:** _____
E-mail: _____ **Shirt Size:** _____

Enclosed is a check for \$100 per player Total : \$ _____

Please make checks payable and mail to: Methuen Arlington Neighborhood, Inc.
141 Tenney St, PO Box 715, Methuen, MA 01844
(Tax-exempt identification number is 04-3265830)

Please assign me a Scramble Team _____

Methuen Arlington Neighborhood, Inc.
Third Annual Golf Tournament
To Benefit Neighborhood Youth Services

Date: Monday, July 6, 2009 Time: 8:00 A.M.
Place: Merrimack Golf Course
Format: Scramble

Donation: \$150 to Sponsor A Hole

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Please Print the Following on the Sign:

Donation for Silent Auction/Raffle

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Item: _____

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