

New Jersey Motor Truck Association's Annual Golf Outing

September 15, 2010 • Fox Hollow Golf Club • Branchburg, NJ

The Day's Schedule

10:30 a.m.	Registration & Practice
11:00 - 12:15 a.m.	Barbecue Lunch Buffet
12:30 p.m.	Shotgun Start
5:30 - 6:00 p.m.	Open Bar and Hors d'oeuvres
6:00 p.m.	Awards Dinner

Contests

- Hole-In-One
- Closest to Pin
- Longest Drive
- Straightest Drive
- Best Calloway Team
- Second Best Calloway Team

Golf Attire - Proper golf attire. Soft spikes required. No cell phones allowed on course

Registration for Golf Tournament

\$250 per player

Includes green fees, cart, lunch, cocktails & awards dinner
Foursomes will be arranged upon request.

Name _____

Company _____

Phone _____ Fax _____

Email _____

Name _____

Company _____

Phone _____ Fax _____

Email _____

Name _____

Company _____

Phone _____ Fax _____

Email _____

Name _____

Company _____

Phone _____ Fax _____

Email _____

Non-Golfers Welcome to Cocktails and Awards Dinner \$75.00 Per Person

Name _____

Company _____

Address _____

Phone _____

Number of Tickets (cocktails/dinner only) _____

Sponsors Needed

Sponsors make it possible for us to keep the costs of the tournament to a minimum. We hope you will be able to help us. Mark below your sponsorship choice and return with your check made payable to NJMTA. Thank you.

I would like to sponsor the following:

- | | |
|-----------------------------|-------|
| • Tee/green | \$150 |
| • Hole In One | \$200 |
| • Closest to Pin | \$200 |
| • Straightest Drive | \$200 |
| • Longest Drive | \$200 |
| • Cocktail Hour | \$500 |
| • Tournament Co-Sponsor | \$500 |
| • Awards Dinner Co-Sponsor: | \$500 |

Indicate below how you would like sponsor sign to read (please print)

****Mulligans will be available at registration for a nominal fee. Each Milligan purchased will be entered for a prize at the awards dinner.**

PAYMENT INFORMATION:

Make Checks Payable to "NJMTA" and remit to:
New Jersey Motor Truck Association
160 Tices Lane
East Brunswick, NJ 08816-2083
Phone: 732-254-5000 n Fax: 732-613-1745

Please bill my credit card: Visa Mastercard

Amount: _____

Acct#: _____

Exp. Date _____

Cardholder Name: _____

Cardholder Signature: _____