



Sponsor & Registration Form



Monday, September 14, 2026



Schuyler Meadows Club



Registration Deadline August 10th, 2026

Sponsor Information

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

- | | |
|--|---|
| <input type="checkbox"/> Presenting SOLD \$8,000 | <input type="checkbox"/> Silver \$2,000 |
| <input type="checkbox"/> Dinner \$5,000 | <input type="checkbox"/> Closest to the Pin \$1,500 |
| <input type="checkbox"/> Hospitality SOLD \$5,000 | <input type="checkbox"/> Roll the Dice \$1,500 |
| <input type="checkbox"/> Platinum \$4,000 | <input type="checkbox"/> Putting Contest \$1,500 |
| <input type="checkbox"/> Luncheon \$3,500 | <input type="checkbox"/> Longest Drive \$1,500 |
| <input type="checkbox"/> Gold \$3,000 | <input type="checkbox"/> Sink it & Drink It \$1,500 |
| <input type="checkbox"/> Bag Drop \$2,500 | <input type="checkbox"/> Rocket Ball Launcher SOLD \$1,500 |
| <input type="checkbox"/> Beverage \$2,500 | <input type="checkbox"/> Side Line \$1,500 |
| <input type="checkbox"/> The Turn \$2,000 | <input type="checkbox"/> Big Head \$300 |
| <input type="checkbox"/> Hole in One \$2,000 | <input type="checkbox"/> Tee Sign \$250 |
| <input type="checkbox"/> Field of Golf Carts \$2,000 | <input type="checkbox"/> Full Page Ad \$350 |
| <input type="checkbox"/> Silent Auction \$2,000 | <input type="checkbox"/> Half Page Ad \$200 |
| <input type="checkbox"/> 19 th Hole Reception SOLD \$2,000 | <input type="checkbox"/> Foursome only \$1,000 |
| <input type="checkbox"/> Golfer Gift Bag \$2,000 | |

Golfer Registration

Golfer 1

Golfer Name: _____

Hanicap: _____

Phone: _____

Email: _____

Golfer 2

Golfer Name: _____

Hanicap: _____

Phone: _____

Email: _____

Golfer 3

Golfer Name: _____

Hanicap: _____

Phone: _____

Email: _____

Golfer 4

Golfer Name: _____

Hanicap: _____

Phone: _____

Email: _____

Payment Information

Enclosed is a check for \$ _____

Credit Card:

Name on Card: _____

Card #: _____

Exp. Date: _____ CVV: _____ Billing Address: _____

Please return the completed form to:
Colonie Senior Service Centers, Inc. 6 Winners Circle Albany, NY 12205
Or via email to mleisenfelder@colonieseniors.org