

TOURNAMENT

Both clubs for the 2026 tournament are at capacity.
Please call for additional information.

Diamond Circle \$8,000

Choose One: The Creek

Meadow Brook

Preferred Starting Tee Placement _____

4 Players, Brunch & Dinner

4 Guest Tickets for Dinner

Course Signage & Program Acknowledgment

Reserved Table at Dinner

Gold Circle: Meadow Brook \$1,000

4 Players, Brunch & Dinner

Course Signage & Program Acknowledgment

Silver Circle: Meadow Brook \$1,600

4 Players, Brunch & Dinner

Program Acknowledgment

Individual Player: Meadow Brook \$900

1 Player, Brunch & Dinner

SOLD OUT

SOLD OUT

SOLD OUT

SOLD OUT

GOLF NOT YOUR THING?

JOIN US FOR A SURF & TURF DINNER.*

Dinner Ticket \$350

SPONSORSHIP OPPORTUNITIES

- Dinner \$25,000
Includes Diamond Circle Foursome
- Favors \$5,000
Includes 3 Dinner Passes
- Cocktail Hour \$10,000
Includes 5 Dinner Passes
- Awards \$2,500
Includes 2 Dinner Passes
- Dessert \$10,000
Includes 5 Dinner Passes
- Hole Sponsors \$2,500
Includes 2 Dinner Passes
- Greens Fees \$6,000
Includes 4 Dinner Passes
- Refreshments \$2,000
Includes 1 Dinner Pass
- Brunch \$5,000
Includes 3 Dinner Passes
- Eagle \$1,500
- Carts \$5,000
Includes 3 Dinner Passes
- Birdie \$750

All sponsorship levels receive course signage & journal acknowledgment.
*Dinner is Open Seating

RAFFLE/SILENT AUCTION

- Purchase Raffle Ticket(s)
 - 1 Ticket for \$100
 - 3 Tickets for \$200
 - 6 Tickets for \$400
- I would like to donate a gift for the Raffle or Silent Auction. Please contact me: _____

PAYMENT INFORMATION

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

CELL** _____

EMAIL _____

**Please provide an alternate number for tournament updates.

Number attending dinner: _____

I/we cannot attend, please accept my contribution of \$ _____

Enclosed is my payment in the amount of \$ _____

Signage to Read _____

Program to Read _____

Method of Payment:

Check Visa MasterCard Amex

Account # _____ Exp. Date _____

Signature _____



PAYMENT INFORMATION (CONTINUED)

For information call (516) 563-7964
Email: christina.engel@chsli.org

Your payment confirms your reservation.
First-come, first-served basis.

RAIN OR SHINE

Please make checks payable to:
The St. Francis Hospital Foundation, Inc.
and return to:
St. Francis Hospital Foundation
100 Port Washington Boulevard
Roslyn, NY 11576

Event proceeds are designated for the
St. Francis Hospital & Heart Center Campus
Modernization Program at Maria Assunta

Contributions are 100% tax-deductible.
The non-deductible portion per golfer reservation is \$800,
dinner only is \$325.

PLAYER INFORMATION

Please complete information below
for yourself and your guests.

1. Sponsor _____
Cell Phone* _____
Email _____
Handicap _____
2. Player _____
Cell Phone* _____
Email _____
Handicap _____
3. Player _____
Cell Phone* _____
Email _____
Handicap _____
4. Player _____
Cell Phone* _____
Email _____
Handicap _____

Carts (where allowed) and caddie fees are included.

*Please provide an alternate number where you can be reached
for event updates.




RESERVATION CARD

ST. FRANCIS HOSPITAL FOUNDATION

52ND ANNUAL GOLF CLASSIC

JUNE 1, 2026



Scan here to register online

