



SUPPORT A LEGACY OF EXCELLENCE

The Westfield State Foundation thanks you for your participation in our 26th Annual Golf Classic, which supports our ongoing work to enhance the rich legacy of our historic university.

Continuing Westfield State University's success in providing the community front line healthcare workers, proceeds of this year's event will benefit our Nursing and Physician Assistant programs.

BOARD OF DIRECTORS

- | | |
|--|---|
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| | *ex-officio |

Westfield State Foundation
PO Box 1630
Westfield, MA 01086-1630



26th Annual
WESTFIELD STATE FOUNDATION INC.

GOLF *Classic*

MONDAY,
SEPTEMBER 28
at 10 a.m.



Golfing for excellence!
SPRINGFIELD COUNTRY CLUB
West Springfield, Mass.

Sponsored by:



WESTFIELD BANK



SEPTEMBER 28 at 10 a.m.

Golfing for excellence!

Proceeds to benefit Westfield State University
Nursing and Physician Assistant programs.

Springfield Country Club,
1375 Elm Street
West Springfield, Mass.

Four-Person Scramble

SPONSORSHIPS

Corporate Sponsor: \$1,200

Foursome • Two tee signs and banner

Continental breakfast • Barbecue lunch for four

Dinner for four • Greens fee • Cart • Player gift

Media and program recognition

Hospitality Sponsor: \$600

Two tee signs and banner

Media and program recognition

Tee Sign Sponsor: \$250

One tee sign • Media and program recognition

SCHEDULE OF EVENTS

9 a.m.

Registration and Breakfast

10 a.m.

Shotgun Start/Scramble Format

11:30 a.m.

Lunch on the course

3:30 p.m.

Cocktails

4 p.m.

Dinner

CONTESTS AND FEATURES

HOLE-IN-ONE CONTESTS

CLOSEST TO THE PIN CONTESTS

(For men and women)

LONGEST/MOST ACCURATE DRIVES

(For men and women)

RAFFLES AND PRIZES

REGISTRATION DEADLINE:

Friday, September 18, 2020

To make your online reservation,
visit westfieldalumni.org/golfclassic2020

Please make checks payable to Westfield State
Foundation Golf Classic and mail your check to:

Bill Hynes
Westfield State Foundation, Inc.
PO Box 1630, Westfield, MA 01086-1630
Questions? Contact Bill at (413) 572-8647
or whynes@westfield.ma.edu

Name _____

Address _____

City/State/ZIP _____

Phone _____

Email _____

Check Enclosed Bill my Visa, Mastercard, AMEX, or Discover

Card # _____

Name on Card _____

Expiration Date _____ CVV # _____

I am a Westfield State alum, Class of: _____

I wish to participate at this Sponsorship Level:

Corporate: **\$1,200**

Hospitality Sponsor: **\$600**

Tee Sign Sponsor: **\$250**

I do not wish to be a sponsor, but please accept my contribution of \$_____ to benefit Westfield State's Nursing and Physician Assistant programs.

My foursome members are:

Player 1 _____

Player 2 _____

Player 3 _____

Player 4 _____

Springfield Country Club is working closely with WSU and the state to ensure appropriate steps for player safety are met

