

22nd Annual Charitable Memorial Open

To Benefit The Residents of  Crystal Springs

Dr. John Manning Memorial Open



Sponsored by Hays Companies Hosted by LeBaron Hills Country Club, Lakeville, MA

Monday, September 24, 2018

Join us for a Great Day of Golf, Fun & An Amazing Auction

Tournament Details

Scramble Format

Schedule

11:00 am Registration Opens 11:45 am LeBaron Hills Golf Pro 12:00 pm Shotgun Start

Awards Dinner to be held immediately following tournament and putting contest

● GOLF PRIZES ● AUCTION ●

Individual Golf Package..... \$150
Includes: Golf, All Fees, Cart, Buffet Dinner

Golf Foursome \$550
Includes 4 Golf Packages

Awards Dinner "Only"\$50 per person

For more information, please contact Lucy Pacheco at 774-855-3301 or lpacheco@crystalspringsinc.org.

Reserve your spot today... This tournament will fill up quickly!



Dr. John Manning
1921-2017

In the 1950's, Dr. Manning met a nurse at Boston Children's Hospital named Eunice Evans who founded what is now Crystal Springs. At that time, she and her family were caring for children with intellectual and physical disabilities in her home. Dr. Manning was very committed to helping Eunice and the children and became their pediatrician while working at this own

practice in Fall River. He visited and treated the children weekly and eventually became Crystal Springs' Medical Director. For many years he never wanted nor accepted any compensation for his services. Twenty-two years ago, he started this Golf Tournament as a way to raise money to help the children and adults who live and learn at Crystal Springs. He actively planned, recruited golfers and looked for donations for this tournament, which he was very proud of. All of us at Crystal Springs will miss Dr. Manning dearly and think about him everyday.



GOLFER REGISTRATION

1			
NAME			
STREET			
CITY	STATE	ZIP	
PHONE			
E-MAIL			
2			
NAME			
STREET			
CITY	STATE	ZIP	
PHONE			
E-MAIL			

3			
NAME			
STREET			
CITY	STATE	ZIP	
PHONE			
E-MAIL			
4			
NAME			
STREET			
CITY	STATE	ZIP	
PHONE			
E-MAIL			

SPONSORSHIP OPPORTUNITIES

EAGLE SPONSORSHIP \$3,000

Two Foursomes, Three Tee-Signs, One Pin Flag, Full Page Color Ad in the Program Book, Special Recognition In The Crystal Springs' Quarterly Newsletter, A Link To Your Company Website or Facebook page From The Crystal Springs' Website, Special Recognition In The Crystal Springs' Facebook Page, Special Recognition In The Crystal Springs' Annual Report.

BIRDIE SPONSORSHIP \$2,000

One Foursome, Three Tee-Signs, One Pin Flag, Full Page Color Ad in the Program Book, Special Recognition In The Crystal Springs' Quarterly Newsletter, A Link To Your Company Website or Facebook page From The Crystal Springs' Website, Special Recognition In The Crystal Springs' Facebook Page, Special Recognition In The Crystal Springs' Annual Report

Pin Flag Sponsor

(an exclusive opportunity limited to eighteen sponsors)

Pin Flag customized with your company logo and/or personalized message, and can be returned to you following the tournament at your request.

- One Pin Flag\$200
- Three Pin Flags\$500

Tee Sponsor

Tee Sign placed on the course, customized with your company logo and/or personalized message.

- One Sign\$150
- Three Signs\$300

Program Book AD

All ads printed in full color.

- Full Page - (approx. 6¼" W x 7¼5" H)\$200
- Half Page - (approx. 6¼" W x 3¾" H).....\$150
- Quarter Page - (approx. 3" W x 3¾" H).....\$100

DONATION SUMMARY

Eagle Sponsorship - \$3,000\$ _____

Birdie Sponsorship - \$2,000\$ _____

One Pin Flag - \$200\$ _____

Three Pin Flags - \$500\$ _____

One Tee Sign - \$150\$ _____

Three Tee Signs - \$300\$ _____

Full Page Ad - \$200\$ _____

Half Page Ad - \$150\$ _____

Quarter Page Ad - \$100\$ _____

Individual Golf Package

\$150 x _____ golfers =\$ _____

Golf Foursome - Includes Four Golfers

\$550 x _____ Foursomes =\$ _____

Awards Dinner Only - \$50 per person

\$50 x _____ person(s) =\$ _____

Total Donation\$ _____

Please charge to:

- Visa MasterCard Discover Enclosed is a check in the amount of \$ _____

Make payable to: **Crystal Springs, Inc.**

NAME			
CARD NUMBER	EXPIRATION DATE	SEC. CODE	SIGNATURE
STREET		CITY/TOWN	STATE ZIP