



You are invited to

FALL CLASSIC GOLF INVITATIONAL

Tuesday, October 4, 2022

Sakonnet Golf Club

79 Sakonnet Point Road, Little Compton, RI

Rain date: Tuesday, October 11

SCHEDULE: 8:15 A.M. Golf Registration/Continental Breakfast
9:00 A.M. Shotgun start - Best Ball
1:00 P.M. Lunch and Awards Presentation

Breakfast/Golf/Lunch: \$250 per person / \$1,000 foursome

Space is limited to 72 golfers (1 team per company). Payment must be received with your registration.



REGISTRATION FORM – Golf Tournament – October 4, 2022

Register by **September 19**, to reserve your spot! - *Golf is extremely limited and will sell out quickly.*

Company _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

	Handicap/ Avg. Score	Email
Name/Team Captain _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____

PAYMENT OPTIONS:

- [Online Registration](#)
- Check payable to RIMBA
- Include payment information below

Mastercard Visa Discover Amex # _____ Exp. Date _____ Security Code _____

Cardholder Name Printed _____

Cardholder Signature _____

Billing Address (street, city, state, zip) _____

Cancellations must be written and received no later than 48 hours prior to the event to receive a refund

*Please return completed form with payment to RIMBA, 14 Circlewood Drive, Coventry, RI 02816
phone: 401-421-2338 - email: info@rimba.org*



FALL CLASSIC GOLF INVITATIONAL SPONSORSHIP OPPORTUNITIES

Tournament Sponsor (non-exclusive) \$1,500 Includes: 4some and special signage

- Lunch \$500
- Continental Breakfast \$400
- Golf carts \$500
- Beverage Sponsor \$400
- Closest to Line \$400
- Closest to Pin \$400
- Hole in One \$400
- Golf Winners – 1st Prize \$400
- Longest Drive \$400
- Putting Green \$400

Tee Sign \$100

Company Name/Logo as it should appear on signage. Please send your logo in a high-resolution format.

*Sponsor Registrations should be confirmed by **September 19, 2022***

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- Check payable to RIMBA
- Include payment information below

Amount of check/payment enclosed _____

Mastercard Visa Discover Amex # _____ Exp. Date _____ Security Code _____

Cardholder Name Printed _____ Email _____

Cardholder Signature _____ Phone: _____

Billing Address (city, state, zip) _____

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14 Circlewood Drive, Coventry, RI 02816 phone: 401-421-2338 e-mail: info@rimba.org*