



28th Annual NAIOP Golf Tournament & 2nd Annual Golf Clinic

Tuesday, September 27, 2022 | Rockrimmon Country Club

THANK YOU TO OUR TOURNAMENT SPONSOR



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HOLE SPONSOR Includes: Signage at Hole, Recognition at Dinner\$350

28th Annual NAIOP Golf Tournament & 2nd Annual Golf Clinic

NAIOP
COMMERCIAL REAL ESTATE
DEVELOPMENT ASSOCIATION
NEW YORK CITY CHAPTER

NAIOP
COMMERCIAL REAL ESTATE
DEVELOPMENT ASSOCIATION
CONNECTICUT AND SUBURBAN NEW YORK

TUESDAY, SEPTEMBER 27, 2022

9:30 AM – 6:30 PM

ROCK RIMMON COUNTRY CLUB

2949 Long Ridge Road, Stamford,
Connecticut 06903

AGENDA

9:30 AM – 11:15 AM	Registration
10:00 AM – 11:15 AM	Brunch
11:30 AM	Shotgun
2:00 PM – 4:00 PM	NAIOP Golf Clinic For Novice/ Beginner Golfers
4:30 PM – 5:30 PM	Cocktail Reception
5:30 PM – 6:30 PM	Dinner and Awards

REGISTRATION

TICKET TYPE

Individual Golfer: **\$400**

Foursome: **\$1500**

Cocktail Hour & Dinner Only: **\$150**

Golf Clinic Ticket: \$200 Join us for our 2nd annual golf clinic for a 2-hour lesson on chipping, putting, and the driving range with the golf pro! This clinic is for novice/beginner golfers, or golfers who just want to practice their stroke. Registration includes ticket to cocktail hour and dinner.



CHILDREN OF PROMISE, NYC



OPERATION
HOPE

The NAIOP NYC and NAIOP CT & Suburban NY Chapter proceeds from the Golf Outing will go to **Children of Promise, NYC** and **Operation Hope CT**.

Children of Promise, NYC reimagines a just society that values the purpose of every child impacted by mass incarceration and removes barriers to create opportunities for children to thrive and achieve their human potential.

Operation Hope provides individuals and families the opportunity to experience transformative change. Their programs and services focus on eliminating hunger and homelessness and are designed to help people solve their crises and build stability in an environment in which compassion inspires dignity and hope.

Contact Name: _____ Company: _____

Email: _____ Phone: _____

GOLFER INFORMATION

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

I will be the _____ Sponsor. Total Due: _____ Check enclosed #: _____

Invoice: _____ Amex/MC/Visa #: _____ Exp Date: _____

Billing Address: _____

Please Return Registration Form To:

Jeannie St Onge, NAIOP CT & Suburban NY | jstonge@ssmgt.com | 860.243.3977

Mail to: NAIOP CT & Suburban NY, PO Box 30, Bloomfield, CT 06002