



MSCA -- GOLF TOURNAMENT



Tuesday, October 1, 2024

Shining Rock Golf Club
91 Clubhouse Lane
Northbridge MA 01534

Breakfast/Registration begin at 8:00am
9:00am ~ Shotgun Start

Visit the [MSCA Website](#) for more Information!!

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## SPONSORSHIP OPPORTUNITIES

|                                           |       |
|-------------------------------------------|-------|
| Gold Sponsor -----                        | \$600 |
| Silver Sponsor -----                      | \$450 |
| Hole in One Sponsor -----                 | \$250 |
| Closest to Pin Sponsor (2 Available)----- | \$250 |
| Longest Drive Sponsor -----               | \$250 |
| Tee Sign Sponsor, each -----              | \$150 |

Please list your Choice of sponsorship(s): \_\_\_\_\_

Sponsor's Company Name: \_\_\_\_\_

Sponsor's Contact Info (name): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Even if you are unable to attend, we would appreciate your  
contribution to this fundraising event!



## MSCA -- GOLF TOURNAMENT REGISTRATION FORM

Tuesday, October 1, 2024

Shining Rock Golf Club

91 Clubhouse Lane – Northbridge MA 01534

Breakfast/Registration begin at 8:00am / 9:00am ~ Shotgun Start

☐ Individual \$200.00

☐ Foursome \$775.00

Name (Player 1): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional names if paying for a foursome:

Name (Player 2): \_\_\_\_\_ Email Address: \_\_\_\_\_

Name (Player 3): \_\_\_\_\_ Email Address: \_\_\_\_\_

Name (Player 4): \_\_\_\_\_ Email Address: \_\_\_\_\_

Method of Payment:

☐ Check Payable to the MSA

☐ Credit Card

☐ VISA

☐ MasterCard

☐ American Express

\$ \_\_\_\_\_

Total Amount

*(You may include sponsorship fees in total)*

*(Registration Fee Includes: 18 Holes, Cart, Breakfast, Lunch, 2 Mulligans and 10 Raffle Tickets)*

Mail Completed Form and Check to:

**MSCA**

**1 Merchant Street, Suite 112**

**Sharon MA 02067**

**Telephone: (781) 784-2102**

**For Credit Card Payments, complete this form  
and Fax or Email to the MSA.**

**Fax: (781) 784-2909 or**

**Email: [office@msca-systems.org](mailto:office@msca-systems.org)**

Card Number

Expiration Date / Security Code / Billing Zip Code

Name on Card

Email Address

Telephone Number

Signature

Date

1 Merchant Street, Suite 112 ~ Sharon MA 02067

Tel: 781-784-2102 | Fax: 781-784-2909

Email: [Office@msca-systems.org](mailto:Office@msca-systems.org) | Website: [www.msca-systems.org](http://www.msca-systems.org)