



**Massachusetts Systems Contractors Association, Inc.**

"Representing and Educating the Electronic Systems Industry since 1978"

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**DO YOU  
LIKE  
TO  
GOLF?**



**JOIN US  
ON  
AUGUST  
22<sup>ND</sup>**

**Announcing!**

**The Annual  
MSCA Golf Tournament  
Monday, August 22, 2016  
at  
Segreganset Country Club  
Lunch at Noon  
1:00pm Start**

Visit the [MSCA Website](http://www.msca-systems.org) for more Information!!

## SPONSORSHIP OPPORTUNITIES

Gold Sponsor -----	\$500
Silver Sponsor -----	\$350
Hole in One Sponsor -----	\$200
Closest to Pin Sponsor (2 Available)-----	\$200
Longest Drive Sponsor -----	\$200
Tee Sign Sponsor, each -----	\$100

Sponsors, please list your choice of sponsorships: \_\_\_\_\_

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.

### **“HELP SUPPORT AND PROTECT THE INDUSTRY”**

**INDIVIDUALS ARE BEING ASKED TO  
BRING PAC CHECKS**

**PAC CHECKS MUST BE PERSONAL CHECKS ONLY  
NOW ACCEPTING PERSONAL CREDIT CARDS!  
SUGGESTED DONATIONS: \$25, \$50, \$100 & \$200**

*Segregansett Country Club  
85 Gulliver Street  
Taunton MA 02780*



# MSCA ANNUAL GOLF TOURNAMENT REGISTRATION FORM

Monday August 22, 2016  
Segreganset Country Club  
1:00pm Scramble Start  
Registration begins at 12 Noon

- Individual \$175.00
- Foursome \$700.00

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

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

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

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

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

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

Additional names if paying for a foursome:

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

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

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

Method of Payment:

- Check Payable to the MSCA
- Credit Card
  - VISA
  - MasterCard
  - American Express

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

Total Amount

*(You may include sponsorship fees in total)*

*(Registration Fee Includes: 18 Holes, Cart, Lunch, Dinner, 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 mail to above address, Fax or Email to the MSCA.**  
 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 \_\_\_\_\_