



**Mary Ellen Rozzell Memorial Golf Outing
2009 REGISTRATION FORM**

INDIVIDUAL'S NAME _____ HANDICAP _____

AGENCY/COMPANY NAME _____

TELEPHONE NUMBER _____ *** e-mail _____

ADDITIONAL PLAYERS IN FOURSOME:

_____ HANDICAP _____

_____ HANDICAP _____

_____ HANDICAP _____

**COST: GOLF AND DINNER: \$225.00 MEMBERS
\$275.00 NON-MEMBERS**

COST: DINNER ONLY: \$110.00

ENCLOSED PLEASE FIND OUR CHECK IN THE AMOUNT OF \$ _____ REPRESENTING
PAYMENT FOR _____ PLAYER(S). NO RESERVATIONS WILL BE CONFIRMED UNLESS WE
RECEIVE YOUR CHECK WITH THE REGISTRATION FORM.

I can't play golf, but I would like to attend the dinner. OUR CHECK FOR \$ _____ REPRESENTING
PAYMENT FOR _____ DINNER(S).

THE LOCKER ROOM WILL BE AVAILABLE FOR YOUR USE DURING THE DAY. CASUAL ATTIRE
IS ACCEPTABLE, HOWEVER, THERE MUST BE NO JEANS OR SNEAKERS WORN AND SHIRTS
MUST HAVE A COLLAR.

**SEND TO: NJSLA
C/O ALEXANDRA GASPAR
100 MORRIS AVENUE, 2ND FLOOR
SPRINGFIELD, NJ 07184
TELEPHONE: (973) 467-4467 X 121
FACSIMILE: (973) 467-4468
EMAIL: agaspar@metroins.com**

**SUBSCRIPTION WILL BE LIMITED TO THE FIRST 96 GOLFERS
SO SEND YOUR CHECK TODAY!!**