

32<sup>ND</sup> ANNUAL  
**SOUTHERN CT BOMA SCHOLARSHIP  
 GOLF OUTING**

**TUESDAY, SEPTEMBER 28, 2021**

ROCKRIMMON COUNTRY CLUB  
 2949 LONG RIDGE RD, STAMFORD, CT

**SCHEDULE:**

11:00-12:15...Registration, Lunch, Driving Range  
 12:30pm .....GOLF- SHOTGUN START  
 5:30 – 6:30pm COCKTAIL HOUR  
 6:30PM-7:30PM AWARDS & DINNER

SPONSORED BY:

**Culbertson**  
 COMPANY OF NEW YORK

**2021 SPONSORSHIP OPPORTUNITIES**

Tournament Sponsor.....	<b>CULBERTSON COMPANY OF NEW YORK</b>
Dinner Sponsor.....	<b>EMCOR/New England Mechanical</b>
Golf Ball Sponsor.....	<b>Tri-State Façade Services</b>
Golf Cart Sponsor.....	<b>Mulvaney Mechanical</b>
Registration Gift Sponsor.....	<b>Culbertson Company of New York</b>
Lunch Sponsor.....	<b>KONE Elevators</b>
On-Course Beverage Sponsor.....	<b>AffinEco LLC</b> (1 more available at <b>\$750</b> )
Raffle Prize Sponsors.....	<b>Reckson</b> (1 more available at <b>\$650</b> )
Hole in One Contests.....	<b>SMG</b> ( 1 more available at <b>\$500</b> )
Cocktail Hour Appetizers.....	<b>Hoffmann Architects</b>
Cocktail Hour Bar Sponsor.....	<b>Eastern Land Management</b>
Driving Range.....	<b>WestFair Electric</b>
Closest to the Pin.....	<b>Turner Mechanical</b>
Longest Drive.....	<b>AffinEco LLC</b>
Closest to the Line.....	<b>Shaw Contract</b>
Hole Sponsor (signage at tee).....	<b>\$300</b>



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Please complete and return registration form by September 21st

Name \_\_\_\_\_ Company \_\_\_\_\_  
Email \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I will be the \_\_\_\_\_ Sponsor at \$ \_\_\_\_\_.

I will play golf/ attend dinner: **\$350**  
Handicap \_\_\_\_\_ (Must be included)

Golfers as part of my foursome will be: **\$1,250**

Name \_\_\_\_\_ Company: \_\_\_\_\_  
Handicap \_\_\_\_\_ Email: \_\_\_\_\_  
Name \_\_\_\_\_ Company: \_\_\_\_\_  
Handicap \_\_\_\_\_ Email: \_\_\_\_\_  
Name \_\_\_\_\_ Company: \_\_\_\_\_  
Handicap \_\_\_\_\_ Email: \_\_\_\_\_

Please check with your golfers to make sure they are not signed up with another foursome.

Cocktail Hour & Dinner Only: **\$75**

PAYMENT METHOD: AMEX VISA MASTERCARD INVOICE ME CHECK # \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Please make check payable to Southern CT BOMA  
Name on Card: \_\_\_\_\_  
Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**NO ONLINE REGISTRATION**  
**RETURN REGISTRATION FORM:**  
**EMAIL:** jstonge@ssmgt.com  
**FAX:** 860-286-0787  
**MAIL:** Southern CT BOMA  
P.O. Box 30  
Bloomfield, CT 06002

**FOR MORE INFORMATION CONTACT THE BOMA EXECUTIVE OFFICE:**

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