



ANNUAL GOLF TOURNAMENT

ON THE COURSE FOR A CAUSE

MONDAY, SEPTEMBER 21, 2026

The Annual Golf Tournament benefits the Ocean Community YMCA's Financial Assistance Program, fostering a stronger community for all.


STONINGTON COUNTRY CLUB

12:30 SHOTGUN START



Register Now!

 www.oceancommunityymca.org/ymca-events/

 mtoscano@oceancommunityymca.org

 396 Taugwonk Road - Stonington, CT

THANK YOU TO OUR EVENT SPONSORS

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AVAILABLE SPONSORSHIP OPPORTUNITIES

PRESENTING SPONSOR - \$7,500 (3 Available)

- One foursome included in tournament
- Banner displayed at event
- Logo on website & social media
- Company logo featured on event invitation
- Company logo included in event program
- On-site event signage recognition

HOSPITALITY SPONSOR - \$5,000 (3 Available)

- One foursome
- Featured signage at sponsored area
 - **Dinner, Lunch, Cocktail Hour**
- Logo on invitation
- Logo on website & social media
- Recognition during awards/program

TOURNAMENT SPONSOR - \$3,000 (5 Available)

- Signage at sponsored station
 - **Dessert, Beverage Cart (2), Putting Green, Raw Bar, Golf Cart**
- Logo on website/social media
- Program recognition

CONTEST/HOLE SPONSOR - \$1,000 (10 Available)

- Signage at sponsored hole
 - **Closest to the Pin, Longest Drive, Water Station, Prize Table, Flag Pin**
- Program recognition

TEE SIGN SPONSOR - \$250 (Multiple Available)

- Signage on course
- Program recognition



ADDITIONAL OPTIONS

FOURSOME (\$1,200) _____

INCLUDES: LUNCH, COCKTAIL HOUR, DINNER, BEVERAGES, GREEN FEES & CART

I WISH TO MAKE A DONATION \$ _____

ALL DONATIONS FUND THE YCARES FINANCIAL ASSISTANCE PROGRAM, MAKING Y MEMBERSHIPS, Y PROGRAMS, AND SUMMER CAMP AVAILABLE FOR ALL.

PAYMENT DETAILS

PAYMENT OPTIONS

PAY ONLINE

VISIT OUR WEBSITE AT oceancommunityymca.org/ymca-events/

INVOICE ME

EMAIL: mtosciano@oceancommunityymca.org

PAY VIA CHECK

MAIL COMPLETED FORM & MAKE CHECKS PAYABLE TO:
OCEAN COMMUNITY YMCA
MAIL TO: Ocean Community YMCA
Attn: Development Office
95 High Street Westerly, RI 02891

CONTACT INFORMATION

CONTACT NAME: _____ PHONE: _____

EMAIL: _____ BUSINESS: _____

PAYMENT INFORMATION

CARD #: _____ EXP: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

