



## **Suffolk SFA Annual Golf Outing**

### **Baiting Hollow Golf Club**

**Tuesday, November 2, 2021**

**Check-in 8:30 a.m.**

**Shotgun Start 10:00 a.m.**

Outing will be strictly limited to 128 Golfers

Day includes:

- Premium Boxed Breakfast with Frontliner egg sandwich, fruit granola bar, coffee and juice
- Round of golf with cart
- Complimentary food, snacks and beverages at the Halfway House and Off the Deck
- Beverage Carts
- Dinner
  - Sushi
  - Paces Steak
  - Full open bar

Director of Facilities/Retirees \$125

Associate Members (Vendors)

- \$225/golfer

Dinner Only:

- Director of Facilities: \$75
- Associate Members: \$125

**Outing is capped at 128 golfers first come first served**

**Guest should not be a competitor of any member of the Suffolk SFA**

**Payment must accompany completed registration**

**Foursomes must all be paid in full to guarantee their spot.**

**Directors of Facilities must pay their own registration.**

# Suffolk County SFA Golf Outing

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

School/Firm: \_\_\_\_\_

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

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

\_\_\_\_\_ Directors of Facilities/ Retirees \$125 \_\_\_\_\_ Associate Members (Vendors) \$225

- Please apply \$ \_\_\_\_\_ from my dues credit in payment for this event
- Enclosed is my check payable to Suffolk SFA in the amount of \$ \_\_\_\_\_ -
- Please charge my credit card:
  - Name on Card: \_\_\_\_\_
  - Type: (Amex, Visa etc.) \_\_\_\_\_
  - #: \_\_\_\_\_
  - Exp. Date: \_\_\_\_\_
  - Amount: \_\_\_\_\_

Please enclose your check payable to: Suffolk SFA

Golfers:

\_\_\_\_\_

\_\_\_\_\_

Please place me in a foursome with:

\_\_\_\_\_

\_\_\_\_\_

Please mail completed application and full payment to:

Suffolk SFA Golf Outing

C/O Fred Koelbel

23 Kilroy Dr.

Mastic, NY 11950

# Suffolk County SFA Golf Outing Dinner

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

School/Firm: \_\_\_\_\_

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

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

\_\_\_\_\_ Directors of Facilities/ Retirees \$75 \_\_\_\_\_ Associate Members (Vendors) \$125

- Please apply \$ \_\_\_\_\_ from my dues credit in payment for this event
- Enclosed is my check payable to Suffolk SFA in the amount of \$ \_\_\_\_\_ -
- Please charge my credit card:
  - Name on Card: \_\_\_\_\_
  - Type: (Amex, Visa etc.) \_\_\_\_\_
  - #: \_\_\_\_\_
  - Exp. Date: \_\_\_\_\_
  - Amount: \_\_\_\_\_

Please enclose your check payable to: Suffolk SFA

Dinner Guest:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mail completed application and full payment to:  
Suffolk SFA Golf Outing  
C/O Fred Koelbel  
23 Kilroy Dr.  
Mastic, NY 11950