

16TH ANNUAL GOLF CLASSIC

Tuesday, September 23, 2025



Join Us

Our Golf Classic will be held at the ***Crestwood Country Club in Rehoboth, MA.*** Crestwood is a private country club with an 18-hole, par 71 championship golf course that was designed by Geoffrey Cornish that is challenging and exciting for avid golfers and beginners alike.

The day begins at 11:00 am, rain or shine, with registration and a “Barbecue Lunch”. Shotgun start at 12:30 pm, “Florida Style Scramble” format.

Great raffles, terrific prizes for best drives, top scores and more.

Registration fee(s) include lunch, greens fees, cart, golf gift, locker rooms, refreshments and sit-down dinner.

Proper golf attire is required at all times on the course and in the clubhouse.

All proceeds benefit the five skilled nursing and rehabilitation centers that are sponsored by the Roman Catholic Diocese of Fall River. Your participation and donations help support many projects, such as new programs and renovations that are enjoyed by our residents.

- Catholic Memorial Home, Fall River, MA *
- Madonna Manor, North Attleboro, MA
- Marian Manor, Taunton, MA
- Our Lady’s Haven, Fairhaven, MA
- Sacred Heart Home, New Bedford, MA*

*Alzheimer’s Units

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SPONSORSHIP LEVELS

EVENT SPONSOR - \$5,000

- One Foursome
- Two Tee-signs
- A full-page AD in program
- Company name displayed on Sponsor Board
- Company name listed on inside cover of program

SILVER SPONSOR - \$1,250

- One Foursome
- A full-page AD in program

PLATINUM SPONSOR - \$3,000

- One Foursome
- Two Tee-signs
- A full-page AD in program
- Company name displayed on Sponsor Board

TEE SIGN SPONSOR - \$300

- One Tee-Sign

GOLD SPONSOR - \$2,000

- One Foursome
- Two Tee-signs
- A full-page AD in program



INDIVIDUAL PLAYER - \$250

- Green fees
- Cart
- Lunch, Refreshments and Dinner

PROGRAM BOOKLET ADVERTISING

| | |
|--------------|-------|
| FULL PAGE | \$200 |
| HALF PAGE | \$150 |
| QUARTER PAGE | \$100 |

Advertising deadline for inclusion in the Program Booklet is 08/30/2025

NOTE: All Ads and Logos must be sent as jpegs or vector via email to DebraM@dhfo.org

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SPONSORSHIP FORM

| | | |
|--------------------------|-------------------|---------|
| <input type="checkbox"/> | Event Sponsor | \$5,000 |
| <input type="checkbox"/> | Platinum Sponsor | \$3,000 |
| <input type="checkbox"/> | Gold Sponsor | \$2,000 |
| <input type="checkbox"/> | Silver Sponsor | \$1,250 |
| <input type="checkbox"/> | Tee Sign Sponsor | \$300 |
| <input type="checkbox"/> | Individual Player | \$250 |
| <input type="checkbox"/> | Dinner | \$50 |

| | | |
|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Full Page AD | <input type="checkbox"/> ½ Page AD | <input type="checkbox"/> ¼ Page AD |
|---------------------------------------|------------------------------------|------------------------------------|

☐ Name on Tee Sign: _____

☐ Gift/Donation: _____

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____

Email: _____

| | | | |
|-------------------------------------|-------------------------------|---|-----------------------------------|
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> VISA | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover |
|-------------------------------------|-------------------------------|---|-----------------------------------|

NAME ON CARD:

Card #: _____

CVV: _____

Expires: _____

Amount to be charged to this card: \$ _____

Signature: _____

Billing Address: _____

City: _____

Zip: _____

State: _____

Total Amount Enclosed: \$ _____

☐ If paying by check, please make the check
Payable to: **Diocesan Health Facilities.**

Each card payment requires a separate signature form. If payments are to be made individually for separate players, please fill out a separate registration form for each player.

Diocesan Health Facilities-368 North Main Street Fall River, MA 02720

For more information or questions please contact: Debra Medeiros (508) 679-8154 or via email at DebraM@dhfo.org

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GOLF PARTICIPATION FORM

☐ Foursome (select sponsor level on reverse side)

☐ Single Player

Player 1:

Address:

Email:

Phone:

Player 2:

Address:

Email:

Phone:

Player 3:

Address:

Email:

Phone:

Player 4:

Address:

Email:

Phone: