



**Penn Medicine**  
Princeton Health

**28TH ANNUAL GOLF OUTING**  
June 4, 2024

**JOIN US FOR A DAY OF  
GOLF SUPPORTING  
UROLOGY AT  
PRINCETON HEALTH**



Metedeconk National Golf Club, Jackson, NJ

**PRO INSTRUCTIONAL CLINIC SPONSORSHIP  
& INDIVIDUAL CLINIC TICKETS**

**JOIN A SMALL GROUP FOR AN  
INSTRUCTIONAL CLINIC  
HOSTED BY A METEDECONK  
TEACHING PROFESSIONAL!**

Participate in semi-private Full Swing & Short Game coaching sessions and practice skills during a 60-minute Par 3 Challenge.

Rental clubs are complimentary but must be requested in advance.

*\*Please note that these options do not include an 18-hole round of golf.*

**PRO INSTRUCTIONAL CLINIC  
SPONSORSHIP \$6,500**

- . 4 PARTICIPANTS
- . LUNCH
- . 90-MINUTE FULL SWING CLINIC
- . 90-MINUTE SHORT GAME
- . 60-MINUTE PAR 3 CHALLENGE
- . COCKTAIL RECEPTION
- . LOGO RECOGNITION
- . 5 GIFT POINTS / GOLFER

\*PAR 3 WINNER WILL BE AWARDED A GIFT CERTIFICATE TO THE PRO SHOP

**INDIVIDUAL CLINIC TICKET \$750**

- . 1 PARTICIPANT
- . LUNCH
- . 90-MINUTE FULL SWING CLINIC
- . 90-MINUTE SHORT GAME
- . 60-MINUTE PAR 3 CHALLENGE
- . COCKTAIL RECEPTION
- . 2 GIFT POINTS / GOLFER

\*PAR 3 WINNER WILL BE AWARDED A GIFT CERTIFICATE TO THE PRO SHOP

For complete event information, visit [www.princetonhcs.org/golf](http://www.princetonhcs.org/golf).  
Questions? [PMCF-Golf@pennmedicine.upenn.edu](mailto:PMCF-Golf@pennmedicine.upenn.edu) or (609) 712-0731

## CLINIC SCHEDULE

11:00AM - Registration & Lunch  
12:00PM - Full Swing  
1:30PM - Short Game  
3:00PM - Par 3 Challenge  
4:00PM - Cocktail Reception

First come, first served. Limited availability - reserve early!  
For more information or to register, call 609.712.0731,  
email [pmcf-golf@pennmedicine.upenn.edu](mailto:pmcf-golf@pennmedicine.upenn.edu)  
or visit [www.princetonhcs.org/golf](http://www.princetonhcs.org/golf)

## REGISTRATION INFORMATION

COMPANY NAME: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SPONSOR LEVEL: \_\_\_\_\_ \$ \_\_\_\_\_

SIGNAGE ONLY SPONSOR LEVEL: \_\_\_\_\_

NUMBER OF INDIVIDUAL GOLFERS (\$2,000 EACH): \_\_\_\_\_

NUMBER OF CLINIC INDIVIDUAL TICKET'S (\$750 EACH): \_\_\_\_\_

COCKTAIL RECEPTION ONLY (\$200 EACH): \_\_\_\_\_

UNFORTUNATELY, I AM UNABLE TO ATTEND. PLEASE ACCEPT MY DONATION: \_\_\_\_\_

## PAYMENT INFORMATION

Please make checks payable to Princeton Medical Center Foundation

Credit Card:  American Express  VISA  Mastercard  Discover

Account Holder: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp: Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**SCAN CODE TO PAY ONLINE**  
or visit us at [www.princetonhcs.org/golf](http://www.princetonhcs.org/golf)



Return completed form with payment to:

Penn Medicine Princeton Medical Center Foundation | Attn: 28th Annual Golf Outing  
5 Plainsboro Road, Suite 365 | Plainsboro, NJ 0536  
Phone: 609.712.0731 | Email: [PMCF-Golf@PennMedicine.Upenn.edu](mailto:PMCF-Golf@PennMedicine.Upenn.edu)