

## GOLF REGISTRATION

If you would like to enter your own team,  
please complete the list below, otherwise we  
will assign you to a team.

\$125 per Golfer

Player 1: \_\_\_\_\_

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

Player 2: \_\_\_\_\_

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

Player 3: \_\_\_\_\_

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

Player 4: \_\_\_\_\_

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

I am unable to attend, but please  
accept my contribution of \$ \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

Make Checks Payable To:

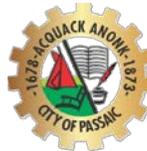
DEPT. OF RECREATION  
NO LATER THAN **OCTOBER 12<sup>TH</sup>**

Mail to:  
Attn: Golf Outing  
Department of Recreation  
330 Passaic St., Passaic NJ 07055



*"Please join us for a fun day of golf and other  
activities. Your participation will help  
support our City's recreational programs  
and go a long way toward improving  
recreation for all our City's children."*

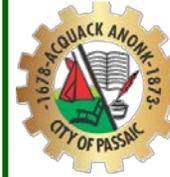
**Mayor Hector C. Lora**  
Passaic City Council



City of Passaic  
Department of Recreation  
330 Passaic Street  
Passaic, NJ 07055

Phone: 973-365-5525  
Fax: 973-365-3273  
Email: [recreation@cityofpassaicnj.gov](mailto:recreation@cityofpassaicnj.gov)

Office Hours: Monday - Friday  
8:30am – 4:00pm



**THE CITY OF PASSAIC**  
DEPARTMENT OF RECREATION  
INVITES YOU  
TO PARTICIPATE IN OUR



**Thursday, October 22<sup>nd</sup>, 2020**

**Crystal Springs Resort  
Golf Course**

**1 Wild Turkey Way  
Hamburg NJ 07419**

# CRYSTAL SPRINGS GOLF COURSE

# GOLF OUTING

# SPONSORSHIPS

Sussex County, NJ



(All Skill Levels Are Welcome)

**4-Person Teams**

**8:00am**

**Check-in and Breakfast**

**9:00am**

**Golf at Crystal Springs Golf Course**

**11:30am**

**FootGolf at Cascades Golf Course**



*To Benefit the  
Youth Programs of Passaic*



- Breakfast Sponsor.....\$1,000
- Lunch Sponsor.....\$1,500
- \*Hole Sponsor.....\$200
- Sponsor a Golfer.....\$125
- Provide Door Prize
- Provide Silent Auction Prize

\*Please indicate what you would like to appear on the sign. (Please print clearly)

We are unable to sponsor at this time but would like to make a contribution of

\$ \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

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We also accept payment at the Recreation Office

← (Clip here and return this slip with your payment)