

**9th Annual  
MS DREAM CENTER  
GOLF TOURNAMENT**

*Enjoy a day of golf at Valley Country Club and help to raise money to benefit persons with Multiple Sclerosis, their care partners, family and friends.*



**MS Dream Center  
OF RHODE ISLAND**

11:30am Registration & Lunch  
1:00pm Shotgun Start - Scramble  
6:00pm Dinner  
Raffle, Auction & Prizes

**Monday, June 10, 2019**

**Valley Country Club**  
251 New London Avenue  
Warwick, RI 02886  
(401) 821-1115

*In case of rain please call the course to determine play*

For more information please contact  
Anne DelSignore, Tournament Chairperson at:  
(401) 330-7470/anne@msdreamcenter.org  
Information is also available at:  
**www.msdreamcenter.org**

**Levels of Sponsorship**

**PLATINUM SPONSOR \$5,000**

- Golf package for (8) Players
- (2) Designated Sponsor Holes
- Special Recognition on all advertising for the day along with a commemorative plaque

**GOLD SPONSOR \$3,000**

- Golf package for (8) Players
- (1) Designated Sponsor Hole
- Special Recognition - TBA

**SILVER SPONSOR \$2,000**

- Golf package for (4) Players
- (1) Designated Sponsor Hole
- Special Recognition – TBA

**BRONZE SPONSOR \$1,000**

- Golf package for (4) Players
- (1) Tee Sign
- Special Recognition - TBA

**ACTIVITY SPONSOR \$500**  
Your name/company name displayed as the sponsor of given contest such as Longest Drive, Pot of Gold, Closest to the Pin or On Course Food/Beverage Sponsor.

**INDIVIDUAL PLAYER \$175**  
Includes 18 holes of golf/cart, tournament favor, lunch & dinner and beverages during play.

**TEE SIGN \$100**

**REGISTRATION DEADLINE:  
Friday, June 2, 2019**

**Proper golf attire required.**

**Registration Form**

\_\_\_ Platinum Sponsor \$5,000  
\_\_\_ Gold Sponsor \$3,000  
\_\_\_ Silver Sponsor \$2,000  
\_\_\_ Bronze Sponsor \$1,000  
\_\_\_ Activity Sponsor \$500  
\_\_\_ Foursome \$700  
\_\_\_ Individual Player \$175  
\_\_\_ Tee Sign Only \$100

***Tee Sign to read:***

\_\_\_ Dinner Only \$45

TOTAL: \$ \_\_\_\_\_  
(Golfer registration on other side of form)

**Tee Sign/Sponsorship Information:**

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

Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**YOUR SPOT IS NOT RESERVED UNTIL PAYMENT IS RECEIVED**



**Credit Card Payment**

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Am. Exp./Discover \_\_\_\_\_

Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CSV Code: \_\_\_\_\_

Checks payable to:

**MS Dream Center**

**P.O. Box 20185**

**Cranston, Rhode Island 02920**

**Registration Deadline: Friday, June 2, 2019**

Please provide the appropriate contact information for each golfer.

Pictures for each foursome will be emailed.

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

Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**MS Dream Center  
Mission Statement**

The MS Dream Center provides a dedicated resource and support facility in which people living with Multiple Sclerosis, and their care partners, may engage in a wide variety of interactive social and educational activities, workshops and therapies. The MS Dream Center goal is to bring awareness to the disease and reach out to those living with it, empowering them and offering important respite opportunities for care partners.

***THANK YOU FOR  
SUPPORTING THE  
MS DREAM CENTER***



*MS Dream Center*  
OF RHODE ISLAND

**9th  
Annual Golf  
Tournament**



**Monday, June 10, 2019  
Valley Country Club**