



SAVE THE DATE
MONDAY
May 12, 2008

Golfing

FORE! Children

Cosponsored by
VCS Inc. and
Child Care Resources of Rockland, Inc.

10:00am Breakfast Buffet

11:00am Shotgun Start

New York Country Club

New Hempstead, NY

Individual Golfers \$190

Join us for golf, breakfast, lunch, cocktail reception, raffles, auctions, and fun!

Featuring:

Hole In One Contests ♦ Beat the Pro Contest

Outback Steakhouse's "Bloomin' Onion Contest"

Closest to the Pin Prize ♦ Longest Drive Prizes (Men & Women) ♦ Closest to the Line

The CCRR Mission

The mission of Child Care Resources of Rockland, Inc. is to ensure that all children in Rockland County and the surrounding areas have equal access to quality early childhood and school age care and education services.

The VCS Mission

The mission of VCS is to provide hope and promote social justice for individuals, families and communities through counseling, conflict resolution and community change. VCS employs a unique combination of professional staff, trained volunteers and collaborative partnerships to create innovative responses to pressing social needs and issues.

If you would like more information or to place your reservation please contact Deanna D'Auria at

(845) 425-0009 x616

Email: deannad@rocklandchildcare.org

Fax (845) 425-5312

Website: www.childcarerockland.org

Website: www.vcs-inc.org

FOR DETAILS SEE REVERSE

PARTICIPATION FORM

Please complete form and return to: Child Care Resources of Rockland, Inc., Attn: Deanna D’Auria, 235 North Main St., Ste. 11; Spring Valley, NY 10977. Space is limited. **Please make your reservations early.** Please make checks payable to Child Care Resources of Rockland, Inc.

Name _____ Company Name _____
 Address _____ City _____ State _____ Zip _____
 Daytime Phone _____ Fax # _____
 Email _____

TOURNAMENT OPTIONS

All golf packages include green fees, cart, breakfast, lunch, and cocktail reception

Please register me for:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Tee Team Package \$800
Includes a foursome (listed below) and a tee sponsorship | <input type="checkbox"/> Foursome \$700
(listed below) | <input type="checkbox"/> Individual(s) \$190
(listed below) | <input type="checkbox"/> Cocktail Reception \$90
Approximate time 4:00pm |
|--|--|---|--|

Player 1 _____
 Player 2 _____
 Player 3 _____
 Player 4 _____

I am registering as an Individual Player and I will be placed in a foursome. My handicap or average score is _____.

SPONSORSHIP OPPORTUNITIES

All sponsors will be recognized in the program, CCRR agency website, and in all communications relating to the event

- | | |
|--|--|
| <input type="checkbox"/> Event Sponsor \$5,000
<i>A press release announcing your support, a complimentary foursome and your company banner displayed at the event</i> | <input type="checkbox"/> Putting Green Sponsor \$750
<i>Name recognition on the Putting Green</i> |
| <input type="checkbox"/> Lunch Sponsor \$3,000
<i>A press release announcing your support, a complimentary foursome and name recognition at lunch</i> | <input type="checkbox"/> Driving Range Sponsor \$750
<i>Name recognition on the Driving Range</i> |
| <input type="checkbox"/> Goodie Bag Sponsor \$2,000
<i>Name recognition at registration area and a complimentary twosome</i> | <input type="checkbox"/> Beverage Cart Sponsor \$750
<i>Name recognition on the Beverage Cart</i> |
| <input type="checkbox"/> Golf Cart Sponsor \$1,500
<i>Name recognition on all golf carts</i> | <input type="checkbox"/> Raffle Sponsor \$500
<i>Name recognition at the Cocktail Reception</i> |
| <input type="checkbox"/> Breakfast Sponsor \$1,000
<i>Name recognition at breakfast</i> | <input type="checkbox"/> Bag Drop Off Sponsor \$250
<i>Name recognition at bag drop off location</i> |
| | <input type="checkbox"/> Tee Sponsor \$100 |

Sponsorship sign to read: _____

- \$ _____ I cannot attend but would like to make a donation.
 \$ _____ Golf reservations (per above)
 \$ _____ Sponsorship (per above)
 \$ _____ **TOTAL ENCLOSED**

If using Visa or MasterCard, complete the authorization statement below.

I authorize Child Care Resources of Rockland, Inc. to charge my: Visa MasterCard
 Account Number _____ in the amount of \$ _____ Expiration Date _____
 CVC Code (Last 3 Digits On Back of Card) _____ Billing Address _____
 Cardholder’s Signature _____ Date _____