



NORTHERN NEW JERSEY CHAPTER, INC.

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July 29, 2016



THIRTY FIRST ANNUAL ROBERT G. BYRNE MEMORIAL GOLF OUTING

On Monday, September 26th the Chapter will hold its annual Robert G. Byrne Memorial Golf Outing at The Ridge at Back Brook in Ringoes, New Jersey.

Brunch, dinner and golf prizes will be among the day's activities.

The cost for the first golfer of your firm will be \$215. Additional golfers of your firm, guests and business acquaintances (*no vendors please*) are invited at a cost of \$250 per person. Representatives and guests, not playing golf, are welcome for dinner and are eligible for prizes at a cost of \$75 per person.

The Ridge requires a minimum of 72 players. Therefore, we would appreciate each member's support by providing its own "foursome".

Reservations are requested upon receipt.

There will be a "shotgun" start at 11:00 AM. Golf will be preceded by a brunch buffet beginning at 9:30 AM. Dinner will be served at approximately 3:30 PM.

If you should have any questions pertaining to the outing, please call Monica at the Chapter Office. I would appreciate each of you making a special effort to support this fine event!

Sincerely,

Joseph A. Lacerenza
Chairman, Entertainment Committee

Soft Spikes Only
Thank You

Attachment: Registration Form

**THIRTY FIRST ANNUAL
NECA's ROBERT G. BYRNE MEMORIAL GOLF OUTING
The Ridge at Back Brook, Ringoes NJ
September 26, 2016**

Golfers of your firm, guests and business acquaintances (no vendors please) are invited at a cost of \$215 for the first golfer and \$250 for each additional golfer.

Representatives, guests and business acquaintances in attendance for dinner and prizes only are welcome at \$75 per person.

Name _____

- \$215 First Golfer (Brunch, Golf & Dinner)
 \$75 Dinner Only

Name _____

- \$250 Add'l Golfer (Brunch, Golf & Dinner)
 \$75 Dinner Only

Name _____

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Name _____

- \$250 Add'l Golfer (Brunch, Golf & Dinner)
 \$75 Dinner Only

Firm Name _____ Cell _____

Address _____

Email _____

Please make check payable to: Northern New Jersey Chapter, NECA
213 Summit Road
PO Box 1081
Mountainside, NJ 07092

<p>Payment Amount:</p> <p style="font-size: 2em;">\$ _____</p>

Credit Card: AmEx MC VISA

Credit Card # _____

Name on Card _____ Exp Date ____/____/____

Signature _____ Security # _____

Billing Address _____

Please return this completed form (with payment) to the Chapter Office.
Please contact Monica if you have any questions 908-654-5770 or MonicaM@nnjneca.com

