



THE CRESCENTIA CLASSIC

3RD ANNUAL

Monday, August 11, 2008 at 8:00 a.m.

The Oaks Golf Links
Route 108 • Somersworth, NH

Entry Fee	\$110 per player • \$440 per team (four per team) <i>(Full payment must be received by August 6th in order to play.)</i>
Fee Includes	Green fee, cart and gift bag Luncheon with prizes Team awards for net and gross scores
Format	Shotgun Start ▪ Team Scramble
Schedule	Check in at 7:00 a.m. ▪ Shot Gun Start at 8:00 a.m. Luncheon following golf Dress code: Collared shirts, no jeans

SPONSORSHIP OPPORTUNITIES

DONATION BENEFITS

All sponsors and donors will be listed in the event program and in the press release to local media both before and after the event.

- \$1,000.00**
- Company Sign/Banner at the Event
 - Passes for Four (4) Golfers
 - Tee Sponsorship Sign
 - Company Logo on Every Cart

- \$600.00**
- Passes for Two (2) Golfers
 - Tee Sponsorship

- \$150.00**
- Sponsorship Sign on Tee

ITEM DONATIONS

- Raffle prizes



*Sometimes an upside down world
requires a different perspective*

On Belay is a unique program designed to fill an unmet need for children facing the upside down world of a parent, guardian or loved one dealing with cancer or other serious illnesses.

“Belay” is an old sailing term meaning to secure, to hold fast. In the world of climbing it refers simply to the use of a rope with a friction system to stop a climber’s potential fall. **On Belay** provides a balance of support and challenge for the Belayers designed to help them reach new heights.

We believe that optimism and hope are powerful wellness agents. **On Belay** combines the best of age-appropriate challenges with a variety of other activities designed to help Belayers regain a sense of personal power, security and control.

www.on-belay.org



REGISTRATION FORM

Monday, August 11, 2008

The Oaks Golf Links, Somersworth, NH

PLAYER INFORMATION

Please complete all information
for each player being registered.

Name _____

Address _____

Phone _____

Handicap _____

Name _____

Address _____

Phone _____

Handicap _____

Name _____

Address _____

Phone _____

Handicap _____

Name _____

Address _____

Phone _____

Handicap _____

FOR COMPANY SPONSORED TEAMS:

Contact Name _____

Company _____

Address _____

Phone _____

**FULL PAYMENT MUST BE RECEIVED PRIOR
TO AUGUST 4TH IN ORDER TO PLAY.**

For more information:
Tel: 603.740.0300

MAIL CHECK TO: The Crescentia Classic, 137 County Farm Cross Road, Dover, NH 03820

thecrescentiaclassic@yahoo.com