

Fill in your player name(s) below. *Please print clearly.*

1: Name: _____
 Company (Sponsor only): _____
 Address: _____
 City _____ State: _____ Zip: _____
 Home Phone: _____
 Work Phone: _____
 Email: _____
 Quarter Zip Pullover Size (Please Circle One): XS, S, M, L, XL
 GHIN Number*: _____ Estimated Handicap*: _____

2: Name: _____
 Company (Sponsor only): _____
 Address: _____
 City _____ State: _____ Zip: _____
 Home Phone: _____
 Work Phone: _____
 Email: _____
 Quarter Zip Pullover Size (Please Circle One): XS, S, M, L, XL
 GHIN Number*: _____ Estimated Handicap*: _____

3: Name: _____
 Company (Sponsor only): _____
 Address: _____
 City _____ State: _____ Zip: _____
 Home Phone: _____
 Work Phone: _____
 Email: _____
 Quarter Zip Pullover Size (Please Circle One): XS, S, M, L, XL
 GHIN Number*: _____ Estimated Handicap*: _____

4: Name: _____
 Company (Sponsor only): _____
 Address: _____
 City _____ State: _____ Zip: _____
 Home Phone: _____
 Work Phone: _____
 Email: _____
 Quarter Zip Pullover Size (Please Circle One): XS, S, M, L, XL
 GHIN Number*: _____ Estimated Handicap*: _____

2025 COMMITTEE & UNDERWRITERS

- Donny Levine – Chair
- Robert Mackintire
- David McGraw
- David Newton
- Rachel Thuillier
- Ray Wysocki
- Doug Mayo – OH Coordinator

We are pleased to announce that members of the Golf Committee have committed to underwriting all tournament expenses, including golf fees and food costs, ensuring that all monies from sponsorships, tee & green sponsorships, and golf fees go directly to benefit NAMI CC&I.

NAMI CC&I BOARD OF DIRECTORS

- Beverly Arnett
- Donna J. Aucoin
- Jean Challies
- Frank Fredrickson
- Suzanne Fronzuto
- Louise Klejna
- Manny Marrero
- Glenn Mathieu
- David McGraw
- James McGuire
- David Newton
- Linda Porto
- Craig T. Rockwood – Chair
- Geoff Rose

THANKS TO THE 2025 PREMIER SPONSOR **CAPE COD HEALTHCARE**

A complete list of sponsors will be listed on our website and in our program book.



THANKS TO



CAPE COD HEALTHCARE THE 2025 PREMIER SPONSOR **NAMI CHARITY GOLF TOURNAMENT**



Oyster Harbors Club, Osterville, MA

Monday, September 22, 2025

Registration begins at 11:00 AM

Shotgun start at 1:00 PM

SPONSORSHIP & REGISTRATION FORM

*Estimated Handicap Cannot Exceed (30)

Thank you for your interest in the NAMI CC&I Charity Golf Tournament. For the past several years, our annual golf event has provided significant support for NAMI CC&I to continue to provide education, support, and advocacy for those on the Cape Islands who are impacted by mental health issues. All of our programming, for families and community, is presented free of charge to anyone seeking help.

Historically, in any given year, one in five people experience some form of a mental health issue. These numbers are ever increasing due partially to the misuse of social media as well as the isolation experienced during the COVID pandemic. The unsettled state of our nation and the world is also adding to the everyday stress of everyone. In our mission to support, educate, and advocate, we are servicing a growing number of individuals and families, connecting them to needed services, educating them about mental health, and working with agencies and legislators to improve these vital services. Our community educational programs continue to impact and educate law enforcement officers, teachers, employers, social service workers, and the public. We have also made it a priority to develop new programming specifically addressing the problems facing our young people in these difficult times.

The NAMI CC&I Charity golf Tournament is our largest annual fund raiser and provides the resources enabling us to operate and staff our Cape and Islands headquarters in Hyannis. Your support will enable us to continue to grow and expand our positive impact on the community.

We are grateful for your support and we look forward to seeing you on September 22nd at Oyster Harbors.

LEVELS OF SPONSORSHIP

Premier Sponsor / Cape Cod Healthcare

- Two foursomes, gift, boxed lunch, cocktails, and after tournament dinner event
- Banner at tournament venue
- Recognition on all event signage
- Reserved Seating at dinner

Presenting Sponsor - \$25,000

- Two foursomes, gift, boxed lunch, cocktails, and after tournament dinner event
- Recognition on event signage

Platinum Sponsor - \$10,000

- One foursome, gift, boxed lunch, cocktails, and after tournament dinner event
- Recognition on event signage

Gold Sponsor - \$5,000

- Two golfers, gift, boxed lunch, cocktails, and after tournament dinner event
- Recognition on event signage

Silver Sponsor - \$2,500

- Four complimentary tickets for cocktails and after tournament dinner event
- Recognition on event signage

Bronze Sponsor - \$1,000

- Two complimentary tickets for cocktails and after tournament dinner event
- Recognition on event signage

Single Golfer - \$700 / Foursome - \$2,500

- Gift, boxed lunch, cocktails, and after tournament dinner event

Golf Contest Sponsor - \$700

- Signage at Putting Green or Driving Range

Tee or Green Sponsor - \$350

- Signage at Tee or Green

Dinner and Auction only - \$150

CHARITY GOLF EVENT

in support of

**The Cape Cod & The Islands Affiliate
National Alliance on Mental Illness (NAMI)**

**Monday, September 22, 2025
Oyster Harbors Club, Osterville, MA**

Register Today! Use this form or go online to www.namicapecod.org

Sponsorship Levels *(Check all that apply)*

- Premier Sponsor/Cape Cod Healthcare... \$50,000
- Presenting Sponsor* \$25,000
- Platinum Sponsor* \$10,000
- Gold Sponsor* \$5,000
- Silver Sponsor* \$2,500
- Bronze Sponsor* \$1,000
- Contest Sponsor* \$700
- Tee or Green Sponsor* \$350
- Foursome (#___) \$2,500
- Golfer (#___) \$700

Golfers: Please Select a Quarter Zip Pullover Size: (See Other Side)

- Reception/Dinner Only (5:30 pm) \$150
- I cannot attend but would like to donate \$ _____

Total Enclosed: \$ _____

Name: _____

*Please supply vector .eps (preferred) or high resolution .jpg of your logo

Payment *(Please print clearly)*

- Check - Made payable to NAMI Cape Cod & The Islands

Bill my credit card: \$ _____

Type of Card: MC | Visa | Amex | Discover

Name
(as it appears on card): _____

Card Number: _____

CVC Number: _____ Expiration Date: _____

**Please complete and send to
NAMI CC&I at 248 Stevens St., Hyannis, MA 02601**

**SUPPORT FREE CAPE & ISLANDS
MENTAL HEALTH SERVICES**

EDUCATION • SUPPORT • ADVOCACY

**REGISTER TODAY TO ASSURE
YOUR TOURNAMENT SPOT**