

**SPRINGFIELD MAYOR'S DAY AT BALTUSROL, INC. PARTICIPATION**  
**FORM-TUESDAY JULY 6<sup>th</sup>, 2021**

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE GIVE A BRIEF BASIC DESCRIPTION OF YOUR BUSINESS IN THE SPACE PROVIDED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE ENCLOSED AN ADDITIONAL DONATION IN THE AMOUNT OF \_\_\_\_\_

THIS CHECK IS EARMARKED FOR THE CHARITABLE FUNDS.

I HAVE ENCLOSED A CHECK IN THE AMOUNT OF **\$2,400.00** FOR EACH FOURSOME.

Lower Course

Upper Course  Medical Cart will be required (\$75)

Please send my check back if Lower Is Full

**TICKETS WILL NOT BE ISSUED UNTIL PAYMENT IS RECEIVED. MAKE CHECKS PAYABLE TO SPRINGFIELD MAYOR'S DAY AT BALTUSROL, INC.**

\_\_\_\_\_  
\_\_\_\_\_

SPRINGFIELD MAYOR'S DAY AT BALTUSROL, INC.  
**PO Box 242**  
SPRINGFIELD, N.J. 07081