

# **The Nathan Littauer Foundation**

*Presents*

*The Fourteenth Annual*

## **Adirondack Challenge Golf Tournament**



## **JULY 14, 2017**

*Proceeds to benefit the*

*Gloversville Dialysis Center at Nathan Littauer Hospital*

# **The 2017 Adirondack Challenge**

**Lake Pleasant**

**JULY 14, 2017**



## **Golfers**

### **8:00 am shotgun start**

The ever-popular “Scrambled” Scramble Format

### **\$110.00 per person**

Includes: 18 holes of golf, golf cart, breakfast goodies, on-course food and drinks, prizes and lunch at The Inn at Speculator

### **Foursomes**

Men, Women or Mixed: **Division 1:** up to age 65 **Division 2:** age 65 and over. Reserve a spot for your foursome or we will team you up!

### **Prizes**

1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> place teams; Closest to the line; Closest to the pin (2 chances)

## **Not a golfer**

Join us at The Inn at Speculator for a sumptuous lunch, an afternoon of networking, a cash bar, and raffle prizes. **\$50 per person.**

## **T-Signs and Sponsorship Opportunities**

Advertise your support of the Gloversville Dialysis Center at Nathan Littauer Hospital with a tee-sign for \$100. Other levels of sponsorship are available, Contact Kelly Colby at 518-773-5505

## **Raffle Donations**

Promote your business by donating one or more raffle prizes, contact Kelly Colby 518-773-5505

# Golf Registration



**Pre-registration and payment is required  
By JUNE 30, 2017**

\_\_\_\_\_ My registration form and check are enclosed. Here is a list of our players

## Player 1

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Age on July 14:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

## Player 3

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Age on July 14:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

## Player 2

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Age on July 14:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

## Player 4

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Age on July 14:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## Lunch Only

\_\_\_\_\_ I wish to purchase lunch only (\$50 per person) at The Inn at Speculator for the following: (please list names)



**Nathan Littauer Foundation**  
99 East State Street, Gloversville, NY 12078  
518-773-5505    kcolby@nlh.org

## Sponsorships

I/We wish to sponsor the Adirondack Challenge for \$\_\_\_\_\_ or

I/We wish to purchase \_\_\_\_\_ tee signs at (\$100.00 per sign) for a total of \$\_\_\_\_\_

Payment may be made by:

☐ Check (payable to Nathan Littauer Foundation) ☐ MC ☐ Visa ☐ Discover ☐ AMEX

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Raffle Donations

Description of donated item(s): \_\_\_\_\_

\_\_\_\_\_

Fair Market Value: \_\_\_\_\_

Check all that apply:

- ☐ Gift certificate is enclosed
- ☐ This donor form serves as my gift certificate
- ☐ Item or gift certificate is forthcoming by: ☐ Mail/Fed-Ex/UPS ☐ Arrange for pick up
- ☐ I will deliver my item to the Lake Pleasant Golf Course by July 10, 2017
- ☐ I will deliver my item to the Hospital by July 10, 2017
- ☐ I am unable to donate a raffle item, but wish to show my support by making a donation of \$\_\_\_\_\_

## Contact Information

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company (if Applicable): \_\_\_\_\_

Name to appear for recognition: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_