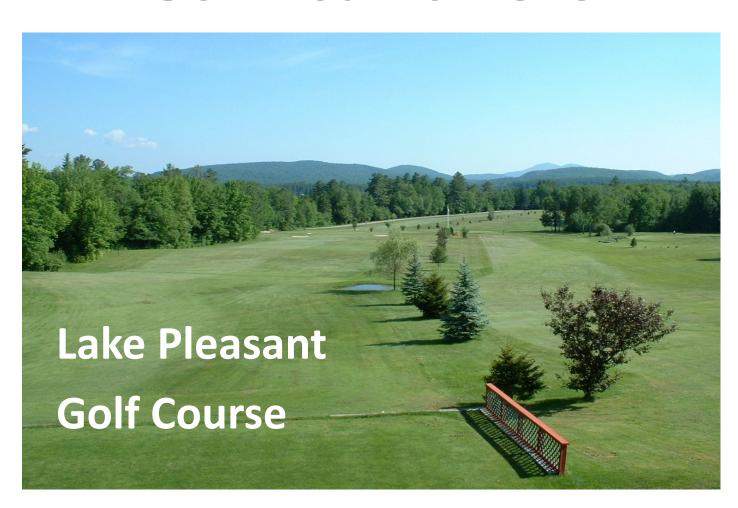
The Nathan Littauer Foundation

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

1st, 2nd and 3rd 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	Player 3			
Name:	Name:			
Address:	Address:			
Age on July 14:	Age on July 14:			
Phone:	Phone:			
E-mail:	E-mail:			
Player 2	Player 4			
Name:	Name:			
Address:	Address:			
Age on July 14:	Age on July 14:			
Phone:	Phone:			
E-mail:				
	Lunch Only			
I wish to purchase lunch only (\$5 list names)	50 per person) at The Inn at Speculator for the following: (please			



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 ma
Check (payable to Nathan Littauer Foundation)	□ мс	U Visa	Discover	☐ AMEX			
Account nu								
Signature:								
Description	Raffl of donated item(s):	e Don						
	t Value:							
Check all th	nat 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 \$							
	Contac	et Info	rmati	on				
Contact Name:			Title:					
Company (i	if Applicable):							
Name to ap	pear for recognition:							
E-Mail:								