

**GET YOUR FOURSOMES
READY—
IT'S THE BOMA/NY 42nd
ANNUAL GOLF OUTING!**



June 13, 2011

**Edgewood Country Club,
Rivervale, NJ**

***Space is Limited—Reserve Now!
(form on reverse)***

***Complete this form ASAP and
send with payment to BOMA/NY***

Note: Metal spikes are prohibited.

Golf Outing Schedule

6:30 a.m.-7:30 a.m.	Continental breakfast
7:00 a.m.	Registration
7:30 a.m. & 12:30 p.m.	Starting tee times
11:00 a.m.-2:00 p.m.	Brunch/Lunch
2:00 p.m.-5:30 p.m.	Open bar
5:30 p.m.-6:45 p.m.	Cocktails
6:45 p.m.-9:00 p.m.	Dinner, awarding of trophies

Trophy Events: a.m./p.m.

- 18 holes low gross
1st & 2nd place**
- Closest to the pin
(all par 3's)**
- Longest drive**

Hosted by your Golf Outing Committee: Frank J. Keating, Chairman; Thomas L. Hill, RPA, Board Liaison; John Brandstetter; Desmond J. Burke; Edward M. Fallon, RPA; Frank J. Farella, RPA/CPM/FMA/SMA; Lina Gottesman; Dario Gristina; Brian E. Horan, RPA; Charles Rizzo and Richard Singer.

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Eleven Penn Plaza
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2011 REGISTRATION FORM

Cost: Golf: \$500 per person • Reception/Dinner only: \$200 per person

Prices include all meals and golf carts; Payment must be made in advance with registration

SIGN UP NOW:

- ___ Golf and Dinner (\$500 per person)
- ___ Reception and Dinner (\$200 per person)
- ___ Hole Sponsorship (\$150 per hole)

I'd also like to make a donation:

___ Cash donation: ___ \$200 ___ \$300 ___ \$500

___ Prize donation (please describe) _____

(Must have a minimum value of \$200 and delivered to the BOMA/NY office no later than Friday, May 27th.)

Golf and Dinner: *(Reservations are accepted on a first-come, first-served basis. Foursome names are due at the BOMA/NY office no later than Monday, June 6th)*

Reserve ___ places

Desired starting tee time: ___ 7:30 a.m. or ___ 12:30 p.m. (check one)

Player 1: _____ Player 2: _____

Player 3: _____ Player 4: _____

Reception and Dinner Only: ___ persons

Name: _____ Name: _____

PAYMENT INFORMATION: Total Cost: _____

Name _____ Title _____

Firm _____

Street Address _____

City _____ State _____ Zip Code _____

Tel _____ Fax _____ E-mail _____

My check for \$ _____ is enclosed Or Charge my credit card AMEX VISA MasterCard

Card # _____ Signature _____ Sec Code _____ Exp Date _____

For more information, contact Bobbi McGowan, Executive Director
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