



Charity Golf Event

Chabad 29th Traditional Charity Golf Tournament

JOIN US!

DATE: Wednesday, July 16th 2025
LOCATION: Spring Lakes Golf Club
4962 Stouffville Rd., Whitchurch-Stouffville
*Map available on request...call
905 886-0420 ext. 222*

ENTRY FEE: \$ 360/per player
TAX RECEIPTS: Tax receipts will be issued for a portion of the entry fee and will be issued at the end of the year.

DRESS: Golf attire / casual

PROCEEDS: Chabad Lubavitch of Markham

Note: Soft spikes are required

AGENDA: Registration: 10:30 am – 12:00 noon
Shotgun Start: 12:30 pm
Cocktail & Prizes: 5:30 pm
Driving Range Available
Brunch on Arrival
Skills Contest on Course



MAKING A DIFFERENCE 365 DAYS A YEAR...

...WITH OUR YOUTH

Schools, camps and innovative programs for students of all ages, regardless of ability to pay. Ensuring that the future of our precious heritage is in good hands.

...WITH IMMIGRANT SUPPORT

Personal counselling to assist with housing employment, furniture and food. Helping to welcome and integrate immigrants into our community.

...WITH COMFORT FOR THE SICK

Visits, meals and spiritual comfort for the sick and their families. Helping to heal through hope and friendship in times of need.

...WITH AID FOR THE NEEDY

Fund raising, clothing and food drives for food banks and shelters. Sharing our blessings with the poor and the abused.

...WITH OUR SYNAGOGUE AND COMMUNITY CENTRE

Regular services and vibrant, ongoing, formal and informal Adult Education programs. The centre at 83 Green Lane, Thornhill is open to all. Sanctuary, library, main hall, and classrooms with play area. For over 36 years, nurturing and nourishing the spiritual needs of the whole community.

Chabad Lubavitch of Markham is the only community outreach organization of its kind in Northeastern. Currently, our programs reach over 5,000 families.



With your contribution, we will continue to grow from strength to strength.

SPONSORSHIP INFORMATION

SPONSORSHIP OPPORTUNITY

<input type="checkbox"/> DIAMOND SPONSOR*	\$ 12,500
<input type="checkbox"/> LUNCH SPONSOR*	\$ 7,500
<input type="checkbox"/> BEVERAGE CART SPONSOR	\$ 5,000
<input type="checkbox"/> COCKTAIL SPONSOR	\$ 4,000
<input type="checkbox"/> PRIZE SPONSOR	\$ 3,000
<input type="checkbox"/> PLATINUM SPONSOR	\$ 2,250
<input type="checkbox"/> CORPORATE HOLE SPONSOR	\$ 1,250
<input type="checkbox"/> HALF HOLE SPONSOR	\$ 750

*Includes four balls

FULL COLOUR SPONSORSHIP SIGNS ARE PROMINENTLY DISPLAYED AT THE EVENT DURING PLAY.

THE COST OF SIGNAGE IS INCLUDED.

TAX RECEIPTS ARE ISSUED AT THE END OF THE YEAR.

PLEASE INDICATE YOUR PREFERRED LEVEL OF SPONSORSHIP.

WEDNESDAY, July 16th, 2025



Every year **Chabad of Markham's Charity Golf Tournament** sells out. Our success is based on a simple belief that if we make your experience as enjoyable and memorable as possible, you will want to come back and bring your friends.

This approach is working. In the previous twenty-eight years of running this tournament we have had to turn away applications for lack of space. Foursomes and sponsorships are limited. For that reason, we are offering our friends and supporters of last year's golf tournament early bird registration privileges.



Pre-registration privileges will expire May 31, 2025. After this date we will then approach last year's waiting list. It's not a matter of selling out the tournament - it's just a matter of when. Timing is everything.

Don't be disappointed.

Fax or email through your registration today!



EARLY BIRD REGISTRATION

☐ A: For Sponsors:

Yes, I would be glad to sponsor the following activities -see details on the facing page:

_____ \$ _____
 _____ \$ _____

Name to appear on Sponsor Sign: _____

☐ B: For Players:

Yes, I'd love to attend
 I am paying for _____ players (x\$360).

LIST YOUR FOURSOME BELOW AND CHECK THOSE INCLUDED IN YOUR PAYMENT

- ☐ 1. _____
☐ 2. _____
☐ 3. _____
☐ 4. _____

To sponsor
AND play
please
complete
A: & B:

☐ Please include me in the foursome. _____

C: Player/Company & Billing

Information:

(Complete in all cases. If paying separately for player's tickets and sponsorship, please use separate forms.)

Name: _____

Attn: _____

Address: _____

City: _____ Postal: _____

Phone #: _____

E-mail: _____

Please bill my: ☐ VISA ☐ Mastercard
☐ Company

Card #: _____

EXP#: _____ CVV#: _____ Amount: \$ _____

My contact at Chabad is _____

*Please fax the completed form to: Esther Alexander
 Fax: 905-886-0421
 email: Esther@chabadmarkham.org*