

# 31ST ANNUAL CAI-NE TOURNAMENT

MONDAY, MAY 20, 2024  
ANDOVER COUNTRY CLUB  
ANDOVER, MA

## TOURNAMENT REGISTRATION FEE

\$340 CAI Members (per person)  
\$415 Non-members (per person)

9:00 am	Golf Sign-in
9:00-10:45 am	Putting Green Driving Range
10:45 am	Shot gun start/ Boxed Lunch

## TOURNAMENT REGISTRATION FEE ABOVE INCLUDES:

- Golf
- Reception & Banquet Dinner (cash bar)
- Tournament Gift Bag
- Boxed Lunch
- 3 50/50 Raffle Tickets Per Golfer
- 1 Mulligan Per Golfer
- \$10 Legal Loophole Bet Per Golfer
- Tournament Prizes & Trophies

## RECEPTION\* & BANQUET DINNER ONLY (CASH BAR)

\$95 CAI Members (per person)  
\$150 Non-members (per person)

4:45-6:00 pm	Reception*
6:00 pm	Dinner

*\* A Silent Auction will be held during the dinner reception and all proceeds raised from the auction will be donated to Homes for Our Troops.*

## REGISTRATION:

*Space is limited and all reservations will only be taken on a first-come basis with payment.*

Contact Name \_\_\_\_\_  
Assn./Co. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
CAI member  No  Yes  Unsure

## GOLF REGISTRATION:

	REGISTRATION FEE
____ # Golf registration @ \$340 pp (CAI Members)	\$ _____
____ # Golf registration @ \$415 pp (Non-members)	\$ _____

*Provide golfer(s) name(s) for pairing purposes:*

Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

## REGISTRATION FOR RECEPTION & BANQUET DINNER ONLY:

*Note: golf registration above includes reception/dinner*

____ # Reception/Dinner* @ \$95 pp (CAI Members)	\$ _____
____ # Reception/Dinner* @ \$150 pp (Non-members)	\$ _____

*Provide Reception/Dinner attendee(s) name(s):*

Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

## OPTIONAL DONATION: HOMES FOR OUR TROOPS

\$25  \$50  \$75  Other \$ \_\_\_\_\_



## TOTAL PAYMENT ENCLOSED

\$ \_\_\_\_\_

*Payment must accompany registration form.*

## PAYMENT METHOD

Check payable to CAI New England Chapter  
Please charge to my  Mastercard  VISA  
 Discover  AMEX  
Name on card \_\_\_\_\_  
Card # \_\_\_\_\_  
Expiration \_\_\_\_\_ ID# \_\_\_\_\_  
Signature \_\_\_\_\_

**Please send completed form  
with payment to:**

CAI New England Chapter  
888 Worcester Street, Suite 20  
Wellesley, MA 02482  
781-237-9020  
Fax: 781-237-9028  
Email: csirianni@caine.org

**SPECIAL  
THANKS  
TO CORPORATE  
SPONSOR**

