



PROJECT TO CURE

Research To Fight Pediatric Brain Tumors
www.ProjectToCure.org

(631) 316-2786
info@projecttocure.org
www.projecttocure.org

2026 Outing Registration Form

Please fill out this form, make check payable to the "Northwell Health Foundation", and mail it to:

Andrea & Charles Hirsch
42 Bayview Avenue Manhasset, NY 11030

Name: _____ Company: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

PACKAGES:

Package (Circle A or B)	Registrant 1 Name	Registrant 2 Name	Registrant 3 Name	Registrant 4 Name
Golf: Hole In One - \$1,000 (Includes Combo Pack)				
Golf: Player - \$850				
Tennis: Ace - \$625 (Includes Combo Pack)	Player: A or B	Player: A or B	Player: A or B	Player: A or B
Tennis: Player - \$475	Player: A or B	Player: A or B	Player: A or B	Player: A or B
Pool, Lunch, & Dinner - \$400				
Dinner Only - \$325				
Combo Pack Only - \$150 (Includes Raffles + Super Bowl)				

ROLL OF HONOR / SPONSORSHIPS:

Please circle which one you'd like to chose:

Diamond - \$2,500

Platinum - \$1,000

Gold - \$500

Silver - \$250

Bronze - \$100

PAYMENT (CHECK OR CREDIT CARD):

Payment Method: **Check** **American Express** **MasterCard** **Visa**

Credit Card Number: _____ Exp. Date: _____ / _____

Total Price To Charge: \$ _____ Signature: _____