



# NEW FOR 2018!

## GOLF OUTING & SWAB TOUR!



**THURSDAY, SEPTEMBER 27, 2018**

11:00 A.M. – 5:00 P.M. – GOLF OUTING

1:00 P.M. – 5:00 P.M. – SWAB (SPIRITS, WINE & BEER) TOUR

\$100.00 PER GOLFER, \$350 PER FOURSOME,  
LUNCH & TRANSPORTATION INCLUDED

### DETAILS:

18 HOLE – 4 PERSON SCRAMBLE FORMAT  
USE YOUR SKILLS FOR PRIZES IN THE  
FOLLOWING CATEGORIES:  
| LONGEST DRIVE | CLOSEST TO THE PIN |  
PUTTING CONTEST | BALL ON THE  
GREEN | MULLIGAN | HOLE IN ONE |

\$75.00 PER SWAB ATTENDEE.  
TRANSPORTATION INCLUDED

JOIN US FOR 3 TASTINGS AT  
THE FOLLOWING LOCATIONS:

- GENESEE BREWERY  
*TOUR & TASTING*
- LIVING ROOTS  
*WINE TASTING*
- BLACK BUTTON  
*SPIRIT TASTING*

## BECOME AN EXCURSION SPONSOR!

**SWAB SPONSOR – \$1,500.00**

COMPANY LOGO AND ACKNOWLEDGEMENT ON ALL SWAB OUTING MATERIALS; INTRODUCTION  
AT EVENT; SPECIAL LISTING IN CONVENTION MATERIALS

**HOLE SPONSOR – \$150.00**

A GREAT WAY FOR YOUR YARD TO SHOW SUPPORT!

FOR MORE INFORMATION, PLEASE VISIT OUR WEBSITE:

[WWW.ARANY.COM](http://WWW.ARANY.COM) OR CALL THE ARANY OFFICE AT 1-800-944-7278



## ARANY 2018 Convention & Trade Show Golf Outing/SWaB Tour Registration Form

Please complete this form and submit with payment to address listed below. *If sponsoring the event or a golf hole: please send any artwork electronically to ARANY Office at [info@arany.com](mailto:info@arany.com).* Please keep a copy of this contract for your records. We will confirm all arrangements with you upon receipt of paperwork.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Sponsorship Opportunities

\_\_SWaB Tour - \$1,500.00      \_\_Hole Sponsor - \$150.00

### Golf Outing Tickets

Total # \_\_\_\_\_ x \$100.00 (4 Person Team for \$350.00) = \$ \_\_\_\_\_

Name(s) of Golfer(s): \_\_\_\_\_

### SWaB Tour Tickets

Total # \_\_\_\_\_ x \$75.00 = \$ \_\_\_\_\_

Name(s) of Attendee(s): \_\_\_\_\_

**Total Enclosed: \$ \_\_\_\_\_**

\_\_ Check Enclosed (Please make payable to: ARANY)

\_\_ Credit Card

Type of Card: \_\_ Visa      \_\_ MasterCard      \_\_ Amex      \_\_ Discover Name on

Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security #: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

### Submit Registration Form to:

ARANY, 230 Washington Avenue Ext., Suite 101, Albany, NY 12203-5319

or Fax to: 518-463-8656 or E-Mail to: [info@arany.com](mailto:info@arany.com)

**Questions?** Please contact the ARANY Office at: 1-800-944-7278 or [info@arany.com](mailto:info@arany.com)