Who benefits from your support?

The thousands of kids who visit the Shehan Center !

SHEHAN WOMEN'S GOLF CLASSIC SCHEDULE

10:30 a.m.—11:45 a.m.

Check-in, brunch, driving range

11:45 a.m.

Shot Gun Tee Off- Format for 18-Hole is a scramble

12:00 p.m. –1:15 p.m.

Check-in and light lunch for Lunch-n-Learn participants

1:30 p.m.

Golf Clinic for Lunch-n-Learn participants

2:30 p.m.

Tee off for one hour of golf course experience for Lunch-n-Learn participants

4:00 p.m. – 6:00 p.m.

Cocktails, hors d'oeuvres , dinner, silent & live auctions, raffle, awards, and Trish Lind Migliore Commitment Award to be presented at the event

COMMITTEE MEMBERS

Margaret Carlson
Meghan Delaney
Trish Donelan
Dawn Edwards
Lorraine Gibbons
Antonia McBride
Annne McCrory
Karen Mercer
Jody Myers
Katherine O'Hara
Rachel Pearson
Cathy Porter
Carla Sheehan
Rayah Smith

ABOUT THE CARDINAL SHEHAN CENTER

The Cardinal Shehan Center's mission is enriching lives through learning. Since 1962, the Shehan Center has offered programs to moderate-and low-income families and young people of Fairfield County, particularly from Bridgeport. In a clean, safe environment, we guide youth through educational and recreational programs, activities, and field trips to help them become responsible, caring, productive, and respectful members of our communities. If you have any questions about the Women's Golf Classic or the Shehan Center in general, please contact us by phone at (203) 336-4468, by fax at (203) 368-0901, or by mail at:

Cardinal Shehan Center
1494 Main Street
Bridgeport , CT 06604

www.shehancenter.org

Facebook.com/shehancenter1494

CARDINAL shehan center
Enriching lives through learning

SHEHAN WOMEN'S GOLF CLASSIC

October 19, 2026

Race Brook Country Club

We invite you…

To play in the Shehan Women's Golf Classic to benefit the Cardinal Shehan Center's After School & Saturday Program. You are invited to register as a single player, a foursome, or as a participant in the Lunch-n-Learn.

You are also welcome to become a sponsor or to purchase advertising space in the event program.

The Trish Lind Migliore Commitment Award will be awarded at the event.

Player Fee……$300

Includes: Golf, driving range privileges, breakfast, lunch, dinner, refreshments and a chance to win great prizes.

Lunch-n-Learn Fee……$200

Includes: A light lunch, golf clinic, hour of course play, dinner and refreshments.

Major Sponsor……$5,000

Benefit: One (1) foursome, banner displayed at clubhouse and a full-page ad in the program.

Special Location Sponsor……$1,500-$5,000

Benefit: One (1) player, signage at the clubhouse or the location and a half-page ad in the program.

Locations:

Prize	$5,000	Carts	$2,000
Lunch	$3,000	Breakfast	$1,500
Registration	$2,500	Putting Green	$1,500
Cocktail Hour	$2,000	Driving Range	$1,500
Dinner	$2,000	Bag Drop	$1,500

Hole Sponsor……$400

Benefit: Signage at the tee and a half-page ad in the program.

Program Advertisements

Full Page (4 3/3" W X 7 3/4" H)……$250

Half Page(4 3/4" W X 3 7/8" H)……$150

Patron Listing ……$75

Ad must be in black-and-white and sent as a PDF or JPEG file to Katherine at kohara@shehancenter.org.

REGISTRATION FORM

Company Name _____

Contact Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Contribution Level

Please circle all that apply

Single Player ……$350

Foursome ……$1,400

Lunch-n-Learn ……$225

Major Sponsor ……$5,000

Special Location ……$_____

Hole Sponsor ……$400

Program Ad……$_____

Attend Dinner Only ……$100

I am unable to participate but would like to help sponsor a child ……$100

Total Enclosed ……$_____

Method of Payment

Please circle all that apply

CHECK CREDIT CARD INVOICE ME

Please make checks payable to Cardinal Shehan Center

Credit Card # _____

Expiration Date **Code** _____

Signature _____

Your donation is tax deductible in accordance with IRS regulations. Please return form and payment to: Cardinal Shehan Center at 1494 Main Street, Bridgeport, CT 06604

PLAYERS NAMES

Name of Player Handicap _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Name of Player Handicap _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Name of Player Handicap _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Name of Player Handicap _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Name of Player Handicap _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Please, NO metal spikes. Soft spikes only.