



Saturday, February 4, 2012

Mack Fitness Center, North Campus

Co-ed 3 on 3 Basketball Tournament and Fundraiser
for Scholarships at Hofstra University

Presented by the Hofstra University Alumni Organization



Hofstra Alumni
HOOPS FEST

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- 11 a.m.** Player Registration and Continental Breakfast
- Noon** Tournament Play and Championship Round
- 4 p.m.** Hofstra vs. Georgia State University Men's Basketball Game

\$100 per person; \$500 per team*

\$50 per person; \$250 per team: G.O.L.D. (Graduates of the Last Decade)**

**Each team must have a minimum of one Hofstra alumnus/a.*

***G.O.L.D. team must have a minimum of 3 Hofstra G.O.L.D. alumni to qualify for discount.*

Applies to undergraduate degree only.

Each player receives:

Commemorative towel

Continental breakfast

Lunch served throughout the tournament

One (1) ticket to the Hofstra Men's Basketball game vs. Georgia State University

For additional information or to register contact Kristen Ehrling at **516-463-5339** or Kristen.Ehrling@hofstra.edu.

Reservation Information

To make your reservation online visit hofstra.edu/alumnihoopsfest.

Please make a reservation for _____ individual(s) at \$100 per person
_____ individual(s) at \$50 per person (G.O.L.D. Alumni Only)
_____ team(s) at \$500 per team
_____ team(s) at \$250 per team (G.O.L.D. Alumni Only)

Giving Opportunities

- ☐ I would like to be a sponsor for Alumni Hoops Fest
- ☐ Three Point Sponsor\$3,000

☐ Two Point Sponsor\$2,000

☐ Slam Dunk Sponsor\$1,000
- ☐ Free Throw Sponsor\$750

☐ Referee Sponsor\$500

☐ Family Booster\$250
- ☐ I would like purchase additional Hofstra Men’s Basketball game tickets:
Adults at \$10 per ticket: _____ Children 12 and under at \$5 per ticket: _____
- ☐ I am unable to attend, but would like to make a gift of \$ _____ to support student scholarships.

The reservation deadline is January 25, 2012.
All contributions are tax-deductible to the extent allowed by law. Event proceeds benefit scholarships at Hofstra University.

Name (Please print clearly.)			Year of Graduation
Telephone		Personal Email	
Home Address	City	State	ZIP
Company Name		Title/Position	
Company Address	City	State	ZIP
Work Telephone		Work Email	

Method of Payment:

- ☐ Enclosed is my check (payable to Hofstra University) for \$ _____.
- ☐ I wish to pay by credit card. Amount: \$ _____

☐ MasterCard ☐ Visa ☐ American Express
☐ Personal Card ☐ Business Card

Signature	Card number	Expiration Date
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Player Information

Player 1 Name _____

Age (for tournament grouping) _____ Gender M/F

Hofstra Alumni Year of Graduation _____

Player 2 Name _____

Age (for tournament grouping) _____ Gender M/F

Hofstra Alumni Year of Graduation _____

Player 3 Name _____

Age (for tournament grouping) _____ Gender M/F

Hofstra Alumni Year of Graduation _____

Player 4 Name _____

Age (for tournament grouping) _____ Gender M/F

Hofstra Alumni Year of Graduation _____

Player 5 Name _____

Age (for tournament grouping) _____ Gender M/F

Hofstra Alumni Year of Graduation _____

Our thanks to the following sponsors:



Solange and Fred Davis '85

The Stanley Family

