

44th ANNUAL

HOLY TRINITY GOLF CLASSIC

Monday, September 29, 2025

Echo Lake Country Club

515 Springfield Avenue, Westfield, NJ 07090



Schedule

| | |
|-----------------------------|----------|
| Practice/Driving Range | 10:45 am |
| Lunch | 11:00 am |
| Kapsimalis Putting Contest | 11:30 am |
| Shotgun Start | 12:30 pm |
| Cocktail Hour and Reception | 5:00 pm |

Sponsorship Opportunities

| | |
|---|----------------------|
| <i>Platinum Benefactor</i> | <i>\$ 10,000</i> |
| <i>Gold Benefactor</i> | <i>\$ 5,000</i> |
| <i>Silver Benefactor</i> | <i>\$ 3,500</i> |
| <i>Cocktail Hour Sponsor</i> | <i>\$ 3,000</i> |
| <i>Lunch Sponsor</i> | <i>\$ 2,000</i> |
| <i>Kapsimalis Putting Contest Sponsor</i> | <i>\$ 1,500</i> |
| <i>Halfway House Beverage Sponsor</i> | <i>\$ 1,000</i> |
| <i>Range Sponsor</i> | <i>\$ 500</i> |
| <i>Hole Sponsors (18) & Tee Sponsors (18)</i> | <i>\$ 150 (each)</i> |

Benefiting:

Windy25 Memorial Fund
Holy Trinity Greek Orthodox Church Westfield

For information, please contact:

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REGISTRATION FORM

To pay and register online: ["Online Giving"](#)

Name: _____

Company: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

Players

Name: _____ Email _____

Name: _____ Email _____

Name: _____ Email _____

Name: _____ Email _____

Please Check all that apply:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Individual Golfer(s) \$450 |
| <input type="checkbox"/> | Foursome(s) \$1,800 |
| <input type="checkbox"/> | Sponsorship: Please indicate level below |
| <input type="checkbox"/> | Reception \$100 |
| <input type="checkbox"/> | |

To make your reservation, please complete this form and return it with your payment to or pay online:

HOLY TRINITY GREEK ORTHODOX CHURCH
250 Gallows Hill Road
Westfield, NJ 07090
Attention: Golf Committee

If paying by credit card, please complete the following and sign:

Name (as it appears on your card): _____

Master Card Visa American Express

Card #: _____

Expiration Date: _____ Month _____ Year Security Code # _____

Mailing Address for this credit card: _____

Cardholder's Signature: _____

Total Enclosed or Authorized \$ _____

To pay and register online: ["Online Giving"](#)