## ANNUAL GOLFING FOR A CAUSE TOURNAMENT SPONSORSHIP FORM

TO BE HELD AT:

GRAND HAVEN

500 RIVERFRONT DRIVE PALM COAST, FLORIDA 32137



MONDAY, NOVEMBER 4, 2024 ~ 9AM SHOTGUN START

## BEFORE OCTOBER 28<sup>TH</sup>

**REGISTRATION: \$125 PER PLAYER** 

## AFTER OCTOBER 28<sup>TH</sup>

\*\*LATE REGISTRATION - ELECTRONIC PAYMENTS ONLY\*\*

| FIRST NAME                                  | LAST NAME               |  |  |
|---|-------------------------|--|--|
| HANDICAP                                    | COMPANY (if applicable) |  |  |
| STREET ADDRESS                              | PHONE NUMBER            |  |  |
| CITY STATE ZIP CODE                         | EMAIL ADDRESS           |  |  |
| PLEASE LIST THE OTHER PLAYERS ON YOUR TEAM: |                         |  |  |
| 1   | 2                       |  |  |
|   |                         |  |  |

## PLEASE CHOOSE FROM THE FOLLOWING:

|          | GOLFER REGISTRATION (BEFORE OCT 28TH)  Amount includes player entry into golf tournament (18 holes) and awards luncheon.   | \$125.00<br>X   |
|----------|--|-----------------|
|          | LATE REGISTRATION (AFTER OCT 28TH)  Amount includes player entry into golf tournament (18 holes) and awards luncheon.  | \$150.00<br>X   |
|          | LUNCHEON GUEST ONLY Lunch begins at 1:00pm   | \$35.00<br>X    |
| B O ST   | LUNCHEON & GOLF CLINIC PACKAGE  Golf lesson from a professional instructor. Golf attire required (no jeans). Equipment provided or you can bring your own. Clinic start at 11:30 AM, Lunch starts at 1 PM. | <b>\$65.00</b>  |
| TICKET   | Game Day Pass (\$270 Value!) #1 - One entry into drawing for complimentary player registration a next golfing event. #2 - One entry into drawing for 18-holes at Grand Haven. #3 - Three (3) Mulligans.    | \$30.00<br>at X |
| Mulligan | Mulligan (1)   | \$10.00<br>X    |
| Mulligan | Mulligans (3)  | \$20.00<br>X    |
|          | 50/50 Raffle   | \$20.00         |
| 50/50    | 5 Tickets  | X               |
|          | 50/50 Raffle   | \$5.00          |
| 50/50    | 1 Ticket   | Y               |

TOTAL AMOUNT DUE \$\_

PLEASE MAIL PAYMENT TO:
PALM COAST FLAGLER COUNTY ALUMNAE CHAPTER
DELTA SIGMA THETA SORORITY, INC.
P.O. BOX 352835

**Donation Amount** 

PALM COAST, FL 32135-2835