SJA 2009 GOLF CLASSIC

Friday, October 2, 2009

REGISTRATION FORM

……(**Please register by September 15, 2009**)……..……..

PLEASE FILL IN ALL INFORMATION COMPLETELY.

ENCLOSE THIS REGISTRATION FORM AND YOUR CHECK MADE PAYABLE TO ST. JOHN THE APOSTLE

Mail to: ST. JOHN THE APOSTLE GOLF CLASSIC
1968 SANDBRIDGE ROAD
VIRGINIA BEACH, VA 23456
OR: DROP IN COLLECTION BASKET OR FAX TO 821-1047

Name: _____ Email: _____

Company: _____

Address: _____

Phone Number: Cell Number: Fax:

……..

PLEASE LIST THE PLAYERS ON YOUR TEAM AND THEIR INFORMATION:

NAME	PHONE NUMBERS	E-Mail Address

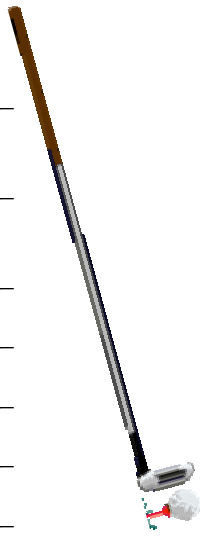
……..

PLEASE indicate how many golfers would like a boxed lunch: _____

PLEASE Indicate how many golfers will be attending the **OUTBACK Steakhouse ® Dinner** & "After the Par's Party": _____

REFER to brochure for Sponsorship descriptions

Additional **OUTBACK Steakhouse ® Dinner** #_____
Tickets @ $ 25 each _____



One Player…… $ 110 _____
($120.00 after September 15th)

Foursome …… $ 400 _____
($440.00 after September 15th)

Presenting Sponsors … $ 3500 _____

Eagle Sponsor …… $ 2500 _____

Lunch Sponsor $ 2000 _____

Birdie Sponsor …… $ 1500 _____

Beverage Cart Sponsor $ 1250 _____

Driving Range Sponsor …….. $ 775 _____

Putting Green Sponsor …… $ 775 _____

Closest to the Pin Sponsor … $ 775 _____

Longest Drive Sponsor …….. $ 775 _____

Par Sponsor …… $500 _____

Hole Sponsor …….. … $ 150 _____

Volunteer Sponsor ……. $ 50 _____

General Donation…… $ _____

Total Amount Enclosed $ _____

50/50 Raffle Tickets - $1.00 each or 30 for $25.00

Drawing to be held at the SJA 6th Annual Golf Classic. Need NOT be present to win.

Name: _____Phone #: _____

Number of tickets: _____Payment enclosed: _____