

St. Francis CARE's Golf Scramble Registration

Teams of 4 will be accepted. \$150 entry fee per person, includes, green fees, cart, continental breakfast/lunch, snacks, and 2 beer tickets (\$1 each additional beer ticket). Mail complete entries to Diane Daugherty, ATTN Golf Scramble, 6228 Country Club Rd, Murphysboro, IL 62966. For more information, email Diane at daugherty16@gmail.com

Make all checks payable to St. Francis CARE.

Player 1 Name _____
Address _____
City,State,Zip _____
Phone _____
Email _____

Player 2 Name _____
Address _____
City,State,Zip _____
Phone _____
Email _____

Player 3 Name _____
Address _____
City,State,Zip _____
Phone _____
Email _____

Player 4 Name _____
Address _____
City,State,Zip _____
Phone _____
Email _____

Requested Start Time: 8 am _____ **1 pm** _____

Lunch Only \$30 _____ **Name:** _____

Sponsorship for St. Francis CARE Golf Scramble

1. _____ Friend of St. Francis. \$1,000 or more.

Name that you want on signage: _____
Or email a logo to daugherty16@gmail.com

Names of team: 1. _____
2. _____
3. _____
4. _____

2. _____ Kennel Club \$300 to \$999

Name that you want on signage: _____
Or email logo to daugherty16@gmail.com

Name of golfer: _____

3. _____ Hole Sponsor \$100

Name that you want on signage: _____
Or email a logo to daugherty16@gmail.com