



**Landmark East Foundation
10th Annual Charity Golf Classic
Four Person Scramble**

When: Tuesday, June 18th, 2019
Where: Avon Valley Golf & Country Club
 595 Falmouth Back Road
 www.avonvalleygolf.com
Time: Registration begins at 12:00 noon
 Shotgun start at 1:00 PM

CONTACT INFORMATION:

Company / Team Name:	
Contact Name:	
Postal Address:	
Telephone:	Email:

SPONSORSHIP OPPORTUNITIES:

<input type="checkbox"/> Platinum Sponsor – \$1,800 <ul style="list-style-type: none"> • 4 complimentary golfers (team) • 3' x 4' logo and company exposure outside the club house • Hole sponsorship • Recognition in tournament program • 2 complimentary golf carts 	
<input type="checkbox"/> Gold Sponsor – \$1,200 <ul style="list-style-type: none"> • 2 complimentary golfers • 2' x 4' logo and company exposure outside the club house • Hole sponsorship • Recognition in tournament program • 1 complimentary golf cart 	
<input type="checkbox"/> Silver Sponsor – \$650 <ul style="list-style-type: none"> • Exclusive hole sponsorship • Recognition in tournament program 	<input type="checkbox"/> Hole Sponsor – \$250 <ul style="list-style-type: none"> • Hole sponsorship • Recognition in tournament program

PLAYER FEES:

<p>Four Person Scramble – Player fees includes green fees and lunch</p> <input type="checkbox"/> Team – \$500 (Early Bird Rate until May 31 st) <input type="checkbox"/> Team – \$560 <input type="checkbox"/> Individuals – _____ players @ \$125 (Early Bird Rate until May 31 st) <input type="checkbox"/> Individuals – _____ players @ \$140
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TOTAL PAYMENT: \$ _____

* **Please Note:** Golf carts are available for rent at Avon Valley Golf & Country Club (902-798-2673). Please remember to call the golf course and book your cart prior to the tournament.

PLAYER/TEAM REGISTRATION:

Player #1:

Name:	
Company:	
Postal Address:	
Business Tel:	Email:

Player #2:

Name:	
Company:	
Postal Address:	
Business Tel:	Email:

Player #3:

Name:	
Company:	
Postal Address:	
Business Tel:	Email:

Player #4:

Name:	
Company:	
Postal Address:	
Business Tel:	Email:

METHOD OF PAYMENT

<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE Payable to "Landmark East Foundation" <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	Credit Card Information: Credit Card Number: _____ Card Expiry Date: _____ Card Security Code: _____ Cardholder Name: _____ Cardholder Signature: _____
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RETURN COMPLETED FORM WITH PAYMENT TO:

Landmark East Foundation
708 Main Street, Wolfville NS B4P 1G4
Attention: Mandy Noble, Development Officer
Office: 902-542-2237 x 234 Cell: 902-690-7433 Fax: 902-542-4147
Email: mnoble@landmarkeast.org