

10th Annual Faith in Action Volunteers Golf Classic & BBQ

**Traditions at the Glen
Johnson City, NY
-Friday . August 12, 2011**

**Note the
DISCOUNT**

1:00 PM Shotgun Start
Captain & Crew Event
BBQ dinner & prizes

**Noon Registration and
Putting Contest**

**Cost per Golfer: \$100 if paid
by July 29**

\$125 after July 29

**Cost per team: \$400 if paid
by July 29**

\$500 after July 329

Registration includes:

Greens fees, golf cart, refreshments, BBQ
dinner, gifts & prizes

Individual golfers:

Call to request team placement.

**Proceeds from this tournament will benefit
Faith in Action Volunteers**

Here is an opportunity to help someone in our
community to remain independent. Funds remain in
Broome County to help us maintain and extend our
network of caring.

For more information call or e-mail:

Joanne Kays, Program Director
724-9130 ext. 304

jkays@broomecouncil.net
www.broomecouncil.net

ALL SPONSORSHIPS INCLUDE:

- Sponsorship sign at tee
- Flyer or company publicity in all
giveaway bags

Major Sponsor ----- \$1,000

Company advertising on all golf carts, a
team of four, and four extra dinner tickets

Eagle Sponsor ----- \$595

Company advertising, a team of four and
four extra dinner tickets

Birdie Sponsor ----- \$375

Contest Sponsor and four dinner tickets

Tee Sponsor ----- \$195

** Dinner Only ----- \$25/pp

Contests:

- **Hole-In-One Contest**
Sponsored by Miller Auto Team
Win a New Car
- **Closest to the Pin Contest**
- **Putting Contest**
- **Longest Drive Contest**
- **Skin Game Available**

Prizes awarded in each category



Golfer Friendly Tees

FAIV Golf 2011

REGISTRATION FORM
Return this form with your payment to: Broome County Council of Churches, 3 Otsenigo Street, Binghamton, NY 13903

SECTION 1: CHOOSE INDIVIDUAL, TEAM OR TYPE OF SPONSOR

Individual Name: _____ Individual golfers: Call to request team placement.
Team Captain: _____ Player 2: _____
Player 3: _____ Player 4: _____

Major Sponsor _____ Eagle Sponsor _____ Birdie Sponsor _____ Tee Sponsor _____ Dinner Only # _____

SECTION 2: CONTACT AND PAYMENT INFORMATION

Contact Address: _____
Daytime Phone number: (_____) _____
Amount Enclosed: \$ _____ Please circle method of payment: Cash Check Credit Card
If paying by credit card, circle the type of card you will be using: VISA Mastercard Discover
Card#: _____ Exp. Date: _____
Print Name as it appears on the card: _____
Signature: _____

Helping Hands
for
Independent
Living