

Benefitting:



1st Annual

JOHNNY "PAPPY"
SWINNEY

Memorial Golf Tournament

Presented by:



Food provided & prepared by:
Kevin Bowker, John Taylor & Eddie

Registration includes golf shirts, food &
goody bag for each player.

Alcohol NOT provided but will be available
for participants to purchase.

SPONSORSHIP LEVELS

Masters-\$3,000

2-Four Person Teams, Name & Logo on Big Sponsor Board,
Individual Sign on a Tee Box, 16 Raffle Tickets, 16 Mulligans

U.S. Open-\$2,500

1-Four Person Team, Name & Logo on a Big Sponsor Board,
Individual Sign on a Tee Box, 8 Raffle Tickets, 8 Mulligans

Ace-\$2,000

1-Four Person Team, Name & Logo on a Big Sponsor Board,
Individual Sign on a Tee Box, 4 Raffle Tickets, 4 Mulligans

Eagle-\$1,500

1-Four Person Team, Name & Logo on a Big Sponsor Board,
Individual Sign on a Tee Box

Birdie-\$1,000

1-Four Person Team, Name & Logo on a Big Sponsor Board

Par-\$600

1-Four Person Team, Name on a Big Sponsor Board

Tee Sponsor-\$300

Name & Logo on a Tee Box Sign

Tournament Play

**HOLE
IN
ONE**



Johnny "Pappy" Swinney
8/18/45-6/3/17



We hope you will
enjoy yourselves as
much as we know
he would have.

\$\$\$\$\$\$\$\$
MILLION
DOLLAR
\$\$\$\$\$\$\$\$
hole
in
one

6/6/6 Format:

Scramble
Shamble (best ball)
2 Person Alternate
Shot (best ball)

Shot gun starts at
8:30am + 1:00 pm

Please let us know if you would like to donate
goodies for the golfers: (please circle)
Only merchandise with company logos is allowed.

Tees, Towels, Caps, Water Bottles, Golf Balls,
Ball Markers, Koozies, Sunscreen, Lip Balm,
Pens, Notepads, Other _____

Nov. 6, 2018

Ranchland Hills
Golf Club

For additional information or to
register Call, fax or email Stephanie:

Phone: 432-570-1084 x 220

E-mail: shorn@centerstx.org

Fax: 432-570-4069

LIMITED AVAILABILITY.
Make your reservation now.

REGISTRATION INFORMATION

Sponsor/Company Name: _____

Contact Person: _____

Mailing Address (Street/PO Box): _____

City, State, Zip: _____

Email: _____

Office/Cell #: _____

Player Name/Shirt Size:

1. _____ Size: _____

2. _____ Size: _____

3. _____ Size: _____

4. _____ Size: _____

Preferred Start Time:

(Please circle. Times will be assigned on a first come first serve basis.)

PAYMENT INFORMATION

DEADLINE: 10/26/18

Total Amount Due: _____

(Please circle)

Mastercard

Visa

Check *(Please make checks payable to Centers)*

Other _____

Cardholder Name: _____ Card #: _____

Exp. Date: _____ CVC: _____ Zip: _____

Please mail, email, call or fax payment & registration information to Stephanie Horn c/o Centers:

3701 Andrews Hwy. Midland, TX 79703

Email: shorn@centerstx.org

Phone: 432-570-1084

Fax: 432-570-4069

