

# 2016 SFC GOLF OUTING

*benefiting the 2016 Sheaves for Christ campaign*

Saturday, July 16, 2015  
**WINDING RIDGE GOLF CLUB**



Team Captain/Contact: \_\_\_\_\_

Company Name (as you would like it to appear in event recognition materials):  
 \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Church: \_\_\_\_\_

### Sponsorships (Fill in quantity)

- \_\_\_\_\_ Lunch Sponsor (Limited Availability) .....\$500  
*Lunch sponsor will receive one (1) complimentary foursome and recognition as the lunch sponsor*
- \_\_\_\_\_ Beverage Cart Sponsor (2 Available) .....\$250
- \_\_\_\_\_ Hole-in-One Contest Sponsor (1 Available) .....\$150
- \_\_\_\_\_ Longest Drive Contest Sponsor (2 Available) .....\$150
- \_\_\_\_\_ Closest-to-Pin Contest Sponsor (1 Available) .....\$150
- \_\_\_\_\_ Hole Sponsor .....\$100

### Foursomes & Players (Fill in quantity)

- \_\_\_\_\_ Foursome: 18 holes of golf .....\$260
- \_\_\_\_\_ Individual Player(s): 18 holes of golf .....\$65

### Packages (Fill in quantity)

- \_\_\_\_\_ Mulligans .....\$10
- \_\_\_\_\_ Yard Stick (Limit 1 per team) .....\$10
- \_\_\_\_\_ Putting Contest (*winner will receive a dozen Titleist ProV1's*) ..... \$25/(3) Putts OR \$10/(1) Putt

A portion of your registration, packages, and/or donation will go toward your church's SFC offering

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### Player Registration Information

(Please complete entirely)

Player Names:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_

I/We are unable to attend but would like to make a donation to SFC: \$ \_\_\_\_\_

### Payment Information

Amount Enclosed for Sponsorship	\$ _____
Amount Enclosed for Players	\$ _____
Amount Enclosed for Packages	\$ _____
Amount Enclosed for SFC Donation	\$ _____

- \_\_\_\_\_ Cash  
\_\_\_\_\_ Check (please make payable to Indiana Youth)  
\_\_\_\_\_ Visa/Mastecard/American Express

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return the completed form with payment no later than Wednesday, June 29, 2016**

Indiana Youth  
Attn: Tommy Bell  
2208 Broad Street  
New Castle, IN 47362

If paying by credit card, you may scan/email the completed form to [t.bell@my-sanctuary.org](mailto:t.bell@my-sanctuary.org)

**\*\*Late registration will be available at the door\*\***

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