

# NARFE ANNUAL GOLF TOURNAMENT

## For Alzheimer's Research

**Date: Friday May 16, 2014**

**Rain Date:TBD**

**Location: The Salt Pond Golf Club-Starting Time 9:00a.m.**

**Fee: \$65.00 Per Player**

**Format: Shot Gun Start; "Best Ball"**

**AWARDS LUNCHEON AT THE COTTAGE CAFE FOLLOWS CONCLUSION of PLAY**

**ENTRY FEE: \$65.00 INCLUDES CART, GREEN FEES AND LUNCHEON.**

**Please include the names of your foursome. When not designated, players will be assigned to complete a foursome.**

**Name:**

**Phone:**

**Email:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**I wish to sponsor the following players at \$65.00 each:**

\_\_\_\_\_

\_\_\_\_\_

**GOLFERS and SPONSORS ABOVE, make check payable to NARFE CHAPTER 1690**

**Make out contribution checks BELOW to NARFE/ALZHEIMER'S RESEARCH**

**Mail to Ron Weber, 30923 Sea Breeze Lane, Ocean View, DE 19970**

**I wish to make a (cash/check) contribution to Alzheimer's Research, in the amount of \$\_\_\_\_\_.**

**Please advertise my name/business on a Tee Box (\$50.00 minimum required for Tee Box ads). I have attached my business card or scan ready logo.**

**I wish to make a (cash/check) contribution to Alzheimer's Research, in the amount of \$\_\_\_\_\_.**

**Do Not advertise my name/business on a Tee Box.**

**I wish to donate a prize \_\_\_\_\_, valued at \$\_\_\_\_\_.**

**Signed: \_\_\_\_\_ Print Name \_\_\_\_\_**