



# 8<sup>th</sup> Annual SAMEFIGHT.ORG Benefit Golf Tournament

*To benefit Brianna Graham*

Great Oaks Country Club

Saturday May 3rd, 2014

Sponsor Registration Deadline April 18th, 2014

Morning Check In: 7:30 AM    Afternoon Check In: 12:30    **Spots will be granted on a  
Morning Shotgun: 8:30 AM    Afternoon Shotgun: 2:00    1<sup>st</sup> Come, 1<sup>st</sup> Serve Basis  
*Format will be a Captain's Choice tournament!***

## SPONSORSHIPS AND REGISTRATION

\_\_\_ **Eagle**        **\$800** – Official tournament sponsor will receive recognition in all pre-event publicity, banners at entrance and throughout course on day of tournament, four hole sponsorships, and playing privileges for twelve at tournament

\_\_\_ **Birdie**        **\$500** – Sponsor will receive recognition in all pre-event promotions, banner at tournament, two hole sponsorships, and playing privileges for eight at tournament

\_\_\_ **Par**            **\$300** – one hole sponsorship at tournament and playing privileges for four at tournament

\_\_\_ **Team**        **\$200** – Playing privileges include four playing spots at tournament; please designate morning or afternoon play at the bottom of this form—requests will be honored by first received

\_\_\_ **Hole**         **\$100** – Hole sponsor signage.

\_\_\_ **Prize Donation** \_\_\_\_\_

\_\_\_ **Donation of \$** \_\_\_\_\_ **in honor of** \_\_\_\_\_

Player	Address	Telephone	Handicap	Email Address
Captain: _____				
2) _____				
3) _____				
4) _____				

8:30 A.M. Shotgun Start Check Here: \_\_\_\_\_      2:00 P.M. Shotgun Start Check Here: \_\_\_\_\_

**\*\*IF YOU HAVE ONE OR MORE TEAMS, PLEASE REGISTER EACH TEAM WITH A REGISTRATION FORM\*\***

### Make Checks Payable To:

Medical Charities of Floyd County  
C/O Thompson and Griffin P.C.  
P.O. Box 640  
Floyd, VA 24091

For Information Contact Chris Bond @ 540.745.9556  
or 540.745.5415