



EVENT REGISTRATION

Please return completed form
no later than Friday, September 9, 2022.



Food will be provided before the round.

Friday, September 23, 2022 | Cobb Course at The Resort at Glade Springs

8:00am Registration | 10:00am Shotgun | 4-Person Scramble

___ Beverage Cart Sponsor: \$1,500 *(\$1,500 Charitable Deduction)*
Complimentary Non-Alcoholic Beverages | Logo placement on beverage cart
and on Tournament Sponsor signage

___ Hole-In-One Sponsor: \$1,000 *(\$1,000 Charitable Deduction)*
Signage with logo at four Hole-In-One locations | Recognition on rules sheet |
Logo on Tournament Sponsor signage

___ Contributing Partner: \$800 *(\$540 Charitable Deduction)*
Foursome in Event, Tee Gift, Lunch, Logo on Tournament Sponsor signage

___ Luncheon Sponsor: \$750 *(\$750 Charitable Deduction)*
Logo on Tournament Sponsor signage | Logo placement at lunch station

___ Foursome: \$600 *(\$340 team | \$85 player Charitable Deduction)*
Foursome in Event, Tee Gift, Lunch

___ Golf Cart Sponsor: \$500 *(\$500 Charitable Deduction)*
Logo placement on each golf cart sign | Logo on Tournament Sponsor signage

___ Tournament Sponsor: \$200 *(\$200 Charitable Deduction)*
Logo on Tournament Sponsor signage at prominent locations

___ Raffle Partner: \$_____ value
Raffle prizes can be in the form of Gift Certificates or Products & can be
arranged to be picked-up by a committee member if unable to be mailed.

Player Information:

Having this information in advance will speed-up the registration process

Player #1 Name: _____

Address: _____

City / State / Zip: _____

E-Mail: _____

Player #2 Name: _____

Address: _____

City / State / Zip: _____

E-Mail: _____

Player #3 Name: _____

Address: _____

City / State / Zip: _____

E-Mail: _____

Player #4 Name: _____

Address: _____

City / State / Zip: _____

E-Mail: _____

Payment Options:

___ Pay by Check *(please make checks out to: First Tee - West Virginia)*

___ Pay by Invoice *(an invoice will be generated and sent for the amount selected above - term net 30 days)*

___ Pay by Credit Card *Visa / Mastercard*

Name on Card: _____

Billing Address: _____

CC #: _____ Exp Date: _____ CVV Code: _____

Signature: _____

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Presented By:



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