

# EVENT REGISTRATION

Monday, June 23, 2025 | Edgewood Country Club  
 10:00am Registration | 12:00pm Shotgun | 4-Person Scramble

*Food will be provided after the round.*

Please return completed form no later than Monday, June 9, 2025.

## Sponsorship Options:

     Hospitality Sponsor: \$2,200

(2) Foursomes in event | Logo on Tournament Sponsor signage |  
 Logo placement at dinner | Recognition on rules sheet

     Beverage Cart Sponsor: \$2,200

(2) Foursomes in event | Logo placement on beverage cart | Logo on Tournament  
 Sponsor signage | Recognition on rules sheet

     Golf Cart Sponsor: \$1,100

Foursome in event | Logo placement on each golf cart sign |  
 Logo on Tournament Sponsor signage

     Contributing Partner: \$800

Foursome in event | Tee Gift | Food | Logo on Tournament Sponsor signage

     Foursome: \$650

Foursome in event | Tee Gift | Food

     On-Course Contest Sponsor: \$500

Logo placement at contest location | Logo on Tournament Sponsor signage |  
 Recognition on rules sheet

     Tournament Sponsor: \$200

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: \_\_\_\_\_

VISA/MC #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

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

