



# EVENT REGISTRATION

Please return completed form  
no later than Friday, September 19, 2025.



*Food will be provided after the round.*

**Friday, October 3, 2025 | Cobb Course at The Resort at Glade Springs**

**9:00am Registration | 11:00am Shotgun | 4-Person Scramble**

\_\_\_ Hospitality Sponsor: \$2,200

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

\_\_\_ On-Course Marketing: \$750

Logo on Tournament Sponsor signage | Opportunity to set up on-course marketing booth

\_\_\_ 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: \_\_\_\_\_

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Presented By:



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