Quakertown Rotary Charity Golf Outing

Registration Form for October 4, 2022



Golf Hole Sponsorship:

Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leaders Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Golfer(s) Names

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Competition Packages Available***

 **(6) Mulligan & Raffle Tickets**

 **(1) Putting Contest Ticket**

 **Total Cost per golfer = $35.00**

***Golf Outing Costs***

**Golf, Lunch, and Dinner per Golfer $120.00**

**Competition Pkg. per Golfer $35.00**

**Golf Hole Sponsorship $125.00 each**

**Total Cost**

**Number of golfer(s) QTY \_\_\_\_\_ @$120.00 = \_\_\_\_\_\_\_\_**

**Competition Pkg. QTY \_\_\_\_\_ @$35.00 = \_\_\_\_\_\_\_\_**

**Hole Sponsorship QTY \_\_\_\_\_ @$125.00 = \_\_\_\_\_\_\_\_**

 **Total Cost \_\_\_\_\_\_\_\_**

**Credit Card:** [**Registration**](https://www.crsadmin.com/EventPortal/Registrations/PublicFill/EventPublicFill.aspx?evtid=a5f066a4-a3a2-4286-a402-cb3c7ca4c69d)

Please make checks payable to:

***Quakertown Rotary Club Foundation***

*Mail to:*

***Quakertown Rotary Club***

***C/o George Chambers Jr.***

***1102 Pheasant Run, Quakertown, PA 18951***

*Contacts:*

 ***George Chambers –*** ***george.chambers@alterahealth.com***

 ***Doug Wilhelm –*** ***Dwilhelm@quakertown.org***

 ***For any questions you may have with the event***

*The Quakertown Rotary Club Foundation is a 501(c)3 organization*

*Tax ID # 81 – 5249527*

***\*\* Golfing cost is not tax deductible\*\****

 **PLEASE MAIL FORM WITH CHECK**

 **Total Cost = \_\_\_\_\_\_\_\_**