



Join us for a great day of golf at **The Elks Club of State College** on Thursday, **AUGUST 19, 2010**  
 11:00 a.m. Registration / 12:00 a.m. Shotgun Start / 4:30 p.m. Cash Bar followed by Dinner

**Teams of 4 - \$130/person \* Mulligans may be purchased**  
 Includes 18 holes of golf, cart rental, greens fee, complimentary beverages,  
 buffet dinner, performance prizes and much more!!!

**Prizes Awarded for:** Longest Drive / Closest to the Pin / 1st, 2nd & 3rd Place Teams

**Registration Information**

<b>Golfer #1</b>	Name	Company
	Handicap	Paid By
<b>Golfer #2</b>	Name	Company
	Handicap	Paid By
<b>Golfer #3</b>	Name	Company
	Handicap	Paid By
<b>Golfer #4</b>	Name	Company
	Handicap	Paid By

Please print all information clearly. Also, a handicap MUST be entered for each golfer in order to be registered.

**Please Return Form To:**

ABC – Central Pennsylvania Chapter ■ P.O. Box 565 ■ Milesburg, PA 16853  
 (p) 814-353-1999 ■ (f) 814-353-1979

Billing Address			Check Enclosed <input type="checkbox"/> Invoice <input type="checkbox"/>
City	State	Zip	
Phone		Fax	
Registered/Authorized Signature			

# SPONSORS NEEDED



## 2010 ANNUAL GOLF TOURNAMENT

The Elks Club of State College, Boalsburg  
Thursday, August 19, 2010



**Hole Sponsor - \$100**

Includes signage at one of 18 holes and recognition in the tournament program.

**Beverage/Snack Cart - \$100**

Includes signage on a beverage cart and recognition in the tournament program.

**Cash Donation \$ \_\_\_\_\_**

Names of businesses & individuals will be recognized in the tournament program.

**Prizes/Donation: \_\_\_\_\_**

Donate a prize to be awarded as a performance or raffle prize. All donor's names will be included in the tournament program. Prizes drawings and giveaways will occur at the dinner social following the golf tournament. Past donated items have included DVD players and other electronics, golf gift certificates, restaurant gift certificates, retail gift certificates and much more.

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ABC Central PA Chapter  
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Phone: 814-353-1999, Fax: 814-353-1979

Name: .....

Company: .....

Check Enclosed  Invoice

Billing Address: .....  
.....

Phone: ..... Fax: .....

Authorized Signature: .....