 

**City of Flowood**

**16th Annual Benefit Mayor’s Cup**

**Four Man Scramble**

The City of Flowood will be hosting the 16th Annual Benefit Golf Tournament at the Refuge Golf Course

**May 17th and 18th 2017.**

All net proceeds raised will go towards helping ***Juvenile Diabetes Research Foundation (JDRF)***[. This application lists several ways you can participate. We are offering spots for sponsorships, contributions and TEAMS! All rules will be interpreted by the golf professionals at the Refuge. Breakfast, Lunch and Beverages will be provided for all participants on the days of the tournament.](http://www.google.com/url?sa=t&rct=j&q=jdrf&source=web&cd=6&cad=rja&sqi=2&ved=0CE4QFjAF&url=http%3A%2F%2Fwww.jdrfmississippi.org%2F&ei=rXDwUOW5GIW49QTen4GwCg&usg=AFQjCNGuslonyxOAdCTcghJBjd6ovZhKLQ)

|  |  |
| --- | --- |
| **2017 TOURNAMENT SCHEDULE**  **PRIZES: First, second and third place prizes will be awarded after each flight. Special events on the course both days. Random drawing winners must be present at the time of drawing.** | |
| **TIME** | **EVENT** |
| **8:30 A.M.** | **Shotgun start, first flight** |
| **11:00 - 2:00** | **Lunch** |
| **1:00 P.M.** | **Afternoon Registration** |
| **1:30 P.M.** | **Shotgun Start, Second Flight** |

• I cannot participate this year, but I would like to make a tax donation of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Ace Sponsor $10,000.00 • Contributor of Goods & Prizes • Team $500.00

• Double Eagle Sponsor $5,000.00 • Charitable Contributions $ \_\_\_\_\_\_ • Player $125.00

• Eagle Sponsor $2,500.00 • Par Sponsor $500.00

• Birdie Sponsor $1,000.00 • Hole Sponsor $200.00 • Eight Mulligan @ $5.00 Each

***For More Information contact Kay Shelton @ 601-665-2434 or email*** [***kshelton@cityofflowood.com***](mailto:kshelton@cityofflowood.com)

***Make Checks payable to City of Flowood***

***Mail completed forms to: Kay Shelton-City of Flowood-***

***P.O. Box 320069, Flowood, Ms 39232***

**TEE OFF TIME: (circle one)**

• May 17th Wednesday A.M. P.M.

•May 18th Thursday A.M. P.M.

**Sponsorship Information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Players Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**