

Mulligan Tickets: \$5 each (maximum of 4)

Putt for Eagle: \$20

String Purchase: \$1 per foot

Longest Drive

Closest to the Pin

Hole-in-One Prize

Door Prizes

Goodie Bag for Each Player

Team Prizes: 1st, 2nd, 3rd Place Prizes

Low Gross and Low Net

Registration 8:00am

Tee Time: 9:00am

Lunch and Prizes after tournament



The Missions Golf Tournament
is hosted by the

UNITED METHODIST
MEN

of Springfield United Methodist Church

On behalf of The United Methodist Men of Springfield United Methodist Church, we thank you for your continued support of our ministry to share the love of Jesus Christ with the world through mission work in our own community and on foreign soil. May God richly bless you for being a blessing to so many.



Mail registration form with payment to:

Springfield United Methodist Church
c/o Missions Golf Tournament
P.O. Box 237
Springfield, GA 31329

Make checks payable to:
Springfield UMC Men's Group



**Springfield
United
Methodist
Church**

**MISSIONS
GOLF
TOURNAMENT**



Saturday, May 7, 2016

8:00am Registration
9:00am Shotgun Start
Lunch after Tournament
Crosswinds Golf Club
Savannah, Georgia



of the Springfield United
 Methodist Church
 present their Fourteenth Annual
 Missions Golf Tournament
 Saturday, May 7, 2016
 at the Crosswinds Golf Club
 232 James B Blackburn Dr,
 Savannah, GA 31408

100% Of The Proceeds From
 This Annual Event Support
 Mission Needs In Our Local
 Community As Well As
 "Mission On The Move"
 Programs In
 Central America and Africa

For Additional Information Concerning the
MISSIONS GOLF TOURNAMENT
 Please Contact:

Springfield United Methodist Church
 754-6646

Or visit our website at:
www.springfieldgaumc.org

SPONSOR/REGISTRATION FORM

_____ 4 person team \$260 per team (\$65 per team member)

_____ Corporate Sponsorship \$350 Includes entry for a 4-man team, sign advertising your company on a hole, and all corporate sponsors will be given special recognition.

_____ Tee Sponsor \$100 Includes a sign advertising your company on a tee.

_____ Green Sponsor \$150 Includes a sign advertising your company on a green.

CONTACT NAME: _____

EMAIL _____ **PHONE** _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NAME OR INFORMATION ON SIGN: _____

TEAM MEMBERS NAME

1. _____ HANDICAP _____

2. _____ HANDICAP _____

3. _____ HANDICAP _____

4. _____ HANDICAP _____

Tournament will be a 4 - Person Scramble Format

Maximum Handicap is a **22**