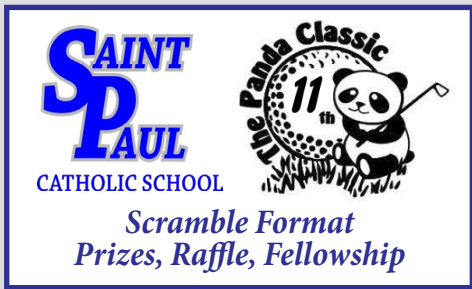




11th Annual St. Paul Catholic School Golf Classic

Harbor Hills Country Club, Lady Lake, Florida | Friday, October 13, 2017



SCHEDULE:

7:00 am - 8:15 am	Breakfast Registration Warm-Up and Games
8:30 am	Shot Gun Start
1:00 pm	Awards and Sandwich Buffet

GOLFER REGISTRATION: (please print)

\$75 registration fee per golfer
\$15 lunch fee per spouse/guest

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Method of Payment:

- Check enclosed (made payable to St. Paul Catholic School)
- Charge to: Visa MasterCard

*Please return registration form
and payment to St. Paul School
office or parish office.*

Name on card: _____ Total: \$ _____

Card #: _____ Exp. Date: _____

Name of Golfer	Email Address	Handicap	# Guests

I am unable to play golf, but would like to make a donation to St. Paul School.

All donations are tax deductible as allowed by law and proceeds fund new technology programs at St. Paul Catholic School.
1320 Sunshine Avenue, Leesburg, Florida | P: (352) 787-4657 | F: (352) 787-0324 | www.saintpaulschool.com

11th Annual St. Paul Catholic School Golf Classic



SPONSOR REGISTRATION FORM

Harbor Hills Country Club, Lady Lake, Florida | Friday, October 13, 2017



BENEFITS OF SPONSORSHIP

Sponsorship Level:	Diamond	Platinum	Gold	Silver	Bronze	Beverage	Drink Cart	Hole
Donation:	\$5,000	\$2,500	\$1,500	\$750	\$500	\$500	\$250	\$100
Banner at School Pavilion	●							
1/4 Page Yearbook Ad	●							
Event Banner	●	●						
Drink Cart Sign	●	●					●	
Golfer Package	4	4	2					
Backpack Flyer Advertising	●	●	●	●				
Hole Sign	●	●	●	●	●	●		●
Recognition in Yearbook, Facebook and Website	●	●	●	●	●	●	●	●

SPONSOR REGISTRATION: *(please print)*

Individual / Company Name (for recognition in media): _____

Sponsorship Level: _____ OR I would like to make a donation to St. Paul School.

Contact Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Method of Payment:

Check enclosed (made payable to St. Paul Catholic School)

Charge to: Visa MasterCard

Please return sponsorship form and payment to St. Paul School office or parish office.

Name on card: _____ Total: \$ _____

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