The Least of These Ministries · 7th Annual Golf Tournament

September 27, 2019 · Shotgun Start 8:00 a.m.

The Links at Gettysburg $\,\cdot\,$ 601 Mason Dixon Road Gettysburg, PA $\,\cdot\,$ thelinksatgettysburg.com

Par 3 Contest | Longest Drive Contest Putting Contest | Door Prizes | Raffles



Early-Bird Registration Register by June 17 and Save \$10 per Golfer! Coffee & Donuts served during check-in
Water & soft drinks served throughout the course
Lunch served at the clubhouse immediately following tournament

Sponso	rships Available (Register Sponsorships by Sept	ember 6)
\$1,000	Presenter Sponsorship—Company logo prominently displayed on event banner and promotional materials as a presenter of the event; sponsor-supplied business promotional item distributed to each golfer; four (4) players	
\$500	• • • • • • • • • • • • • • • • • • • •	ly displayed on event banner; sponsor-supplied business
\$300	promotional item distributed to each golfer; two (2)	
\$500		st-to-the-Pin) Contest; company name/logo on tee sign;
	sponsor-supplied business promotional item distribut	ed to each golfer
\$500		ontest; company name/logo on tee sign; sponsor-supplied
\$500	business promotional item distributed to each golfer	displayed on beverage cart; sponsor-supplied business
\$500	promotional item distributed to each golfer	aisplayed on beverage curt, sponsor-supplied business
\$500		Dogs at the Turn; company name/logo on tee sign; sponsor-
	supplied business promotional item distributed to each	ch golfer
\$250	Silver Level Sponsorship—Company name prominently displayed on signage; one (1) player	
\$100	O Hole Sponsorship—Company name displayed on tee sign	
Registra	ation (Register Golfers by September 17, Sponsors by	September 6)
Golf Te	eam \$380 (\$340 thru 6/17) Individual Golfer	\$95 (\$85 thru 6/17) Sponsorship (Select Level Above)
Primary Cor	ntact Name	Phone
Address (Street or PO Box)		Address (City, State, ZIP)
E-mail		
Players' Na	mes:	
Payment Method: ☐ Check Enclosed ☐ Visa ☐ M/C ☐ Amex		TOTAL Enclosed or to be billed to card: \$
Card Number:		Exp Date:/
Cardholder'	s Name & Billing Address, if different from above:	

Return form, with payment, to: The Least of These Ministries, PO Box 2824, Westminster MD 21158

Registration form may also be scanned & sent via email to: info@leastofthesemin.org

QUESTIONS? Call Mel Arbaugh (410-876-0888) or Marty Hogan (443-918-7105)