



SPONSORSHIP / REGISTRATION FORM

Company / Individual Name

Address

Phone

Contact Person

E-Mail Address

_____ Sponsor a Hole—\$100

_____ Sponsor a Team—\$400

_____ Business Sponsor—\$500
Includes hole sponsorship, recognition in
newsletters and tournament booklet and
other great benefits.

_____ I am interested in learning more about
other sponsorship opportunities.

_____ Honorarium \$ _____ (Minimum \$100)

In Honor of: _____

_____ Memorial \$ _____ (Minimum \$100)

In Memory of: _____

Meals on Wheels needs *YOUR* help!

Meals on Wheels of Greater
Lynchburg delivers meals
throughout Lynchburg and the
surrounding counties.

90% of the people we serve need
help so they can receive meals.
72% pay nothing at all and need
help from people like you!

Every penny that you spend on
team registration, raffles,
sponsorship, or the silent auction
goes directly to feed our
homebound neighbors in need.

On behalf of those whom
we serve, THANK YOU!



8th Annual Golf Tournament



Team Registration

**Boonsboro Country Club
Lynchburg, VA
May 5, 2015
Lunch at Noon**

Meals on Wheels of Greater Lynchburg

Take a Swing at Hunger...

8th Annual Charity Golf Tournament



WHERE: Boonsboro Country Club

WHEN: Tuesday, May 5, 2015

FORMAT: Captain's Choice

CHECK IN AND LUNCH: 12 noon

TEE OFF: 1:00 p.m.

There will be three flights, based on the
number of teams and their lowest
handicap player.

Sorry, no refunds will be issued, as all
entry fees are donated to Meals on
Wheels of Greater Lynchburg.

Please join us for a day of relaxation and
fun while supporting our mission of
*providing healthy meals, friendly smiles,
and warm reassurance to the local
homebound community.*

There will be 1st, and 2nd,
and 3rd place prizes awarded
in each flight. Lunch will be
provided.



REGISTRATION INFORMATION

Registration deadline: April 24, 2015

Early Registration Encouraged

First Come First Served

\$400 per team

Please mail your completed registration
form and check payable to:



PO Box 1388

Lynchburg, VA 24505

434-847-0796

www.mealsonwheelslynchburg.org

office@mealslynchburg.org

Individual Player Registration

Please include all information for each player

NAME: _____

PHONE: (h) _____ (w) _____

E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HANDICAP OR AVERAGE SCORE _____

NAME: _____

PHONE: (h) _____ (w) _____

E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HANDICAP OR AVERAGE SCORE _____

NAME: _____

PHONE: (h) _____ (w) _____

E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HANDICAP OR AVERAGE SCORE _____

NAME: _____

PHONE: (h) _____ (w) _____

E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HANDICAP OR AVERAGE SCORE _____

