

14th Annual Golf Tournament

Friday, June 30, 2017 at Gator Trace Golf & Country Club

12:00 PM Registration/1:00 PM Shotgun-Scramble

Picture
yourself
here



Prizes For...

- 1st, 2nd, 3rd and Last Place
- Closest to the Pin
- Longest Drive - Men's
- Longest Drive - Ladies



Registration Includes...

- Prime Rib Dinner
- Cart and Greens Fees
- TWO Complimentary Beer Stations

\$100 per golfer
\$350 per TEAM

Fax form to 772.595.9990
Golfer registration online at
www.StLucieChamber.org

Limited to 100 golfers.

NAME _____ PHONE () _____

BILLING ADDRESS _____

BILLING ZIP _____ EMAIL _____

PAYMENT

CHECK ENCLOSED

VISA/MC

Number of Golfers

CC

EXP.

V-CODE

SIGNATURE _____

DATE _____

For More INFO Contact a Committee Member:
Jeff Emmeluth 772.618.5627, Eric Finkel 561.843.2179, Rene Arteaga 772.466.2066
St. Lucie County Chamber of Commerce, 2937 W. Midway Road, Fort Pierce, FL 34981
PH: (772) 595-9999 * Fax: (772) 595-9990

Golf Tournament

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12:00 PM Registration/1:00 PM Shotgun-Scramble

*Proceeds benefit the St. Lucie County Chamber of
Commerce Foundation Scholarship Programs*



PLATINUM SPONSOR—\$1000 (ONLY 2 AVAILABLE)

- FOUR (4) PLAYER ENTRIES
- TEE BOX AREA TO PROMOTE YOUR BUSINESS
- HOST THE COMPLIMENTARY BEER BOX
- TWO (2) TEE SIGNS AT THE EVENT
- FOUR (4) TICKETS TO DINNER
- PROVIDE PROMOTIONAL ITEMS FOR EVENT BAG

GOLD SPONSOR—\$750

- FOUR (4) PLAYER ENTRIES
- ONE (1) TEE SIGN AT THE EVENT
- FOUR (4) TICKETS TO DINNER
- PROVIDE PROMOTIONAL ITEMS FOR EVENT BAG

SILVER SPONSOR—\$500

- TWO (2) PLAYER ENTRIES
- ONE (1) TEE SIGN AT THE EVENT
- TWO (2) TICKETS TO DINNER
- PROVIDE PROMOTIONAL ITEMS FOR EVENT BAG

BRONZE SPONSOR—\$250

- ONE (1) PLAYER ENTRY
- ONE (1) TEE SIGN AT THE EVENT
- ONE (1) TICKET TO DINNER
- PROVIDE PROMOTIONAL ITEMS FOR EVENT BAG

**All sponsors welcome at
Awards Ceremony following tournament!
Special Drawing for all Sponsors**

**Call 772.595.9999 or
email form to Info@StLucieChamber.org
You can also register online at
StLucieChamber.org**

BUSINESS NAME _____ PHONE () _____
(AS IT SHOULD APPEAR IN ALL PRINT)

CONTACT PERSON _____ FAX () _____

BILLING ADDRESS _____

BILLING ZIP _____ EMAIL _____

PAYMENT CHECK ENCLOSED PLEASE INVOICE VISA/MC

CC EXP. V-CODE

SIGNATURE _____ DATE _____