

#### WEDNESDAY, 21 MAY 2025 | LAKE ARROWHEAD | WALESKA, GA

Nothing beats a day of beautiful views, playing with purpose, and supporting the educational journey of those dedicated to the mission of the United Methodist Church at Reinhardt University.

## **BECOME A SPONSOR**

## **Presidential (\$3000)**

- Eight player spots and gift packages
- Recognition at the event, news releases, and University publications
- Two hole signs

# Scholarship (\$2000)

- Four player spots and gift packages
- Logo printed on tournament materials

## Leadership (\$1000)

- Two player spots and gift packages
- Logo printed on tournament materials
- One hole sign

## Pilot (\$500)

- One player spot and gift package
- Recognition at the event

• One hole sign



Recognition on course through signage

## PLAYER ENTRY FEES

### Foursome (\$600)

 Includes course fees, gift bag, breakfast and award lunch for each player

### Individual (\$150)

 Includes course fees, gift bag, breakfast and award lunch for player



## **32nd Annual United Methodist Scholarship Golf Outing**

supporting Reinhardt student scholarships

## **SPONSORSHIPS & DONATIONS**

SponsorshipPresidentialScholarshipLeadershipPilotHoleType:\$3000\$2000\$1000\$500\$250	General Donation \$
Organization:	l cannot
Contact Full Name:	participate but 🎽 would like to
Email:	support student
Business Address:	scholarships with this contribution.
Please send an invoice. Payment info below.	

## PLAYER REGISTRATION

Foursome (\$600)

All players receive: cart and green fees, player gift & packet; breakfast; post-play award lunch

Team Contact* (Golfer #1) :
Golfer #2:
Golfer #3:
Golfer #4:

**Individual Player** (\$150)

First and Last Name : \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_

# **PAYMENT INFORMATION**



8:30 a.m. - Check-in & breakfast 10:00 a.m. - Shotgun Start Lunch & awards immediately following play

Lake Arrowhead 486 Arrowridge, Waleska, GA 30183



Payment Method: please circle	AMEX	Visa	MasterCard	Discover	Check
Amount: \$	Card Num	oer:			Check Number:
Name on Card :			Ехр	. Date:	CVV Code:
Billing Address:					(street, city, state, zip)
Signature:					

#### More information: Reinhardt Office of Advancement | (770) 720-5506 | Allison.Dorman@reinhardt.edu | www.reinhardt.edu/MinisterialGolfOuting

