



# 13<sup>th</sup> Annual St. Paul Catholic School Golf Classic

Arlington Ridge Golf Club, Leesburg, Florida | Friday, October 25, 2019



*Scramble Format  
Prizes, Raffle, Auction*

### SCHEDULE:

7:00 am - 8:15 am	Breakfast Registration
8:30 am	Shot Gun Start
1:00 pm	Awards and Taco Buffet

## GOLFER REGISTRATION: (please print)

Contact Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- I am an Arlington Ridge Golf Club member.  
**\$95 registration fee per golfer (\$80 for members)**  
**\$350 for a team of four golfers**  
 Lunch only (\$20)

Name of Golfer	Email Address

### 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 #: \_\_\_\_\_ CVV #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

- 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 smart boards for St. Paul Catholic School.  
1320 Sunshine Avenue, Leesburg, Florida | P: (352) 787-4657 | F: (352) 787-0324 | www.saintpaulschool.com*

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## SPONSOR REGISTRATION FORM

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### BENEFITS OF SPONSORSHIP

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

### ***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:

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