



Annual Golf Tournament

Attendee Registration

FOURTH ANNUAL CHARITY GOLF TOURNAMENT

BENEFITTING THE MADDIE MANN FOUNDATION FOR ACCESSIBLE PLAY

Captain's Choice Format • October 7, 2019 • Country Club of Petersburg
1250 Flank Road, Petersburg, VA 23805



Join SVAR for its fourth annual Charity Golf Tournament! There will be mulligans and raffle tickets for sale, and a portion of the proceeds will benefit the Maddie Mann Foundation for Accessible Play and its project of building a barrier-free playground in White Bank Park in Colonial Heights. Maddie Mann Foundation for Accessible Play is a 501(c)(3) whose mission is to help create a barrier-free community for our wounded military, elderly, and disabled populations that will allow them the opportunity for play with their families.

Lunch and dinner are included. **There will be contests, awards and prizes!**

SCHEDULE

10 – 11:45 a.m.

Registration

12 p.m.

Shotgun start

10:30 – 11:45 a.m.

Driving range open

5 p.m.

Dinner and Awards

AWARDS AND PRIZES

- Team Awards
1st, 2nd, 3rd, and last place
- Putting Contest
- Hole-in-1 Award
- Closest to the Pin

- Longest Drive
(Men)
- Longest Drive
(Women)
- Longest Drive
(Seniors, 63+)

Must have registration form and payment to SVAR by October 1, 2019.

For registration information, please contact: Danielle Merchant-Via (dmerchant@svarealtors.com)
or Holly Jennings (hjennings@svarealtors.com)



SOUTHSIDE VIRGINIA ASSOCIATION OF REALTORS®

114 Maple Grove Avenue, Colonial Heights, VA 23834

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Event Contact

Danielle Merchant-Via

804-520-4496 dmarchant@svarealtors.com

TEAM APPLICATION - \$400 | INDIVIDUAL PLAYER APPLICATION - \$100

(Includes green fees, carts, all refreshments, lunch, dinner, and a sleeve of golf balls. *Individual players will be paired with a team.*)

FULL NAME:

HANDICAP - ACTUAL (A) ESTIMATE (B)

① _____

③ _____

② _____

④ _____

REGISTRATION

Name: _____ Company: _____

Email: _____ Phone: _____

METHOD OF PAYMENT

Check enclosed (payable to SVAR) *or* Charge my: Visa Mastercard Discover AMEX

In the amount of: \$_____ Name on Card: _____

Signature: _____

(The following information will be shredded.)

Card #: _____ Exp. Date: _____ / _____

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