

# 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  
1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 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 Marchant-Via ([dmarchant@svarealtors.com](mailto:dmarchant@svarealtors.com))  
or Holly Jennings ([hjennings@svarealtors.com](mailto:hjennings@svarealtors.com))**

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**Event Contact**  
**Danielle Marchant-Via**  
 804-520-4496 [dmarchant@svarealtors.com](mailto: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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