



St. Vincent's



ESTD 16TH 2002

ANNUAL

CHARITY GOLF CLASSIC

For the Children

Monday

AUGUST 21, 2017

La Cumbre Country Club
Santa Barbara

Sponsored and Operated by The Daughters of Charity of St. Vincent de Paul



MONDAY, AUGUST 21, 2017

La Cumbre Country Club • 10am-6pm
4015 Via Laguna, Santa Barbara

TOURNAMENT SCHEDULE OF EVENTS

- 10am** Registration
- 11am** Lunch Buffet
- 12pm** Shotgun Start
18-Hole Texas Scramble
- 5pm** Awards Ceremony
and Reception

All proceeds benefit St. Vincent's
Children and Family Services

16th ANNUAL GOLF CLASSIC

All event proceeds benefit St. Vincent's life-changing programs to assist homeless, at-risk, low-income, single mothers with young children in Santa Barbara.

- Family Strengthening Program
- Early Childhood Education Center



PLAYER BENEFITS

Include golf, lunch buffet, awards ceremony and reception, golf cart(s), practice range, on-course contests, and player gifts and prizes.

- Single Player \$375
- Foursome \$1,500

SPONSORSHIP BENEFITS

Include all player benefits (above), as well as program advertising, course signage, and acknowledgment on St. Vincent's website.

- Presentation \$30,000
- Legends \$15,000
- Masters \$10,000
- Eagles \$5,000
- Birdie \$2,500

For more information
or to register, visit stvincents-sb.org
or call (805) 683-6381 ext 107



St. Vincent's 16th ANNUAL GOLF CLASSIC Player Information

PLAYER ① _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE _____

EMAIL _____

SHOE SIZE _____ INDEX _____

PLAYER ② _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE _____

EMAIL _____

SHOE SIZE _____ INDEX _____

PLAYER ③ _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE _____

EMAIL _____

SHOE SIZE _____ INDEX _____

PLAYER ④ _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE _____

EMAIL _____

SHOE SIZE _____ INDEX _____

St. Vincent's 16th ANNUAL GOLF CLASSIC Payment Information

Please return by July 14

LET'S PLAY! Enclosed is my check made payable to St. Vincent's in the amount of \$ _____

Please charge my ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover in the amount of \$ _____

Card # _____ Name on card _____

Expiration date _____ Billing zip code _____ Company _____

Card Security Code _____ Signature _____

Sponsorship Level

☐ **PRESENTATION** ☐ **LEGENDS** ☐ **MASTERS** ☐ **EAGLES** ☐ **BIRDIE**

Please complete player
information on reverse.

☐ **SINGLE PLAYER(S)** ☐ **FOURSOME**

DARN! I'm unable to attend, but please accept my tax-deductible gift of \$ _____

On behalf of the mothers and children at St. Vincent's, we thank you!

