

# 29<sup>th</sup> Annual Trustmark Friends of Children's Hospital Golf Tournament

## *Schedule of Events*

**\*Golf Practice Rounds are available beginning the week prior. Tee times can be scheduled around member play at each of the courses – Annandale, Reunion and Country Club of Jackson (Each course is limited to 22 teams)**

**Monday, October 17, 2022**

**11:00 a.m. – Registration begins at each Clubhouse/Golf Shop and Practice Ranges open  
12:30 p.m. – Shotgun Start for Trustmark Friends of Children's Hospital Golf Tournament  
Lunch Provided at all courses at 11:30 a.m. \*Awards following play on all courses**

**Please mail completed entry form with payment to:  
Friends of Children's Hospital | 3900 Lakeland Drive | Suite 205 | Flowood, MS 39232  
or scan and email to [lesliecampbell@friendsofch.org](mailto:lesliecampbell@friendsofch.org)**

<u>Name</u>	<u>Handicap</u>	<u>Club Affiliation / GHIN #</u> (Handicaps will be verified)
Player 1 _____	_____	_____
Player 2 _____	_____	_____
Player 3 _____	_____	_____
Player 4 _____	_____	_____
Player 5 or Pro _____	_____	_____

\*Alternatively, you may elect to bring your own PGA Professional as one of your five players (no more than one pro per team).

Team Captain / Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**\*\*All future correspondence will be sent to the team captain via email**

### **Please Check**

<input type="checkbox"/>	Monday Tournament Entry (5 player team)	= <u><b>\$1500.00</b></u>
<input type="checkbox"/>	Team Skins Game Entry (\$200 / team)	= _____
<input type="checkbox"/>	Tournament Mulligans (\$150 / team)	= _____
<input type="checkbox"/>	Priority Hole Option (\$1,000 for No. 1 or \$500 for No. 10)	= _____

Desired course: \_\_\_\_\_ Desired Hole: \_\_\_\_\_

**Total Due:** \_\_\_\_\_

**PLEASE RANK COURSE PREFERENCE – The first 18 teams to designate a course will be guaranteed their preference.**

\_\_\_\_ Annandale Golf Course      \_\_\_\_ Country Club of Jackson      \_\_\_\_ Reunion Golf Course

Please include charge information or attach your check payable to Friends of Children's Hospital

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_