

FRIENDS OF



YOUTH SOCCER

Golf Outing

4 Person Scramble
Thousand Oaks Golf Club
4100 Thousand Oaks Drive 49525

Wednesday, April 29, 2009

Mission:

To provide encouragement, support and financial assistance to disadvantaged youth in greater Grand Rapids who have demonstrated superior skills in the play of soccer and who seek to continue their development.

Schedule of Events

Social

5:00 pm - 7:00 pm – Appetizers and Cash Bar
\$30 “Social only” tickets may be purchased, for non-golfers.

Golf Outing – 4 person scramble (18 holes)

1:30 – Registration
2:00 pm – Shot-gun start

Golf opportunities for 9 holes available

2:30 pm – Start

Sponsorship Opportunities

Indicate with a check mark

- \$500 - Foursome Sponsor**
includes golf for 4
- \$800 - Cart Sponsor**
includes golf for 4 and cart signage
- \$1,000 - Social Sponsor**
includes golf for 4, scoreboard recognition and signage at social
- \$200 - Bronze Tee Sponsor**, signage at tee
- \$350 - Silver Tee Sponsor**, signage at tee
- \$500 - Gold Tee Sponsor**, signage at tee

Sponsorship information

Name/Company Name _____

Address _____

City/State/Zip _____

Phone/Email _____

Please contact any organizer with questions:

Chip and Lin Anderson @ 942-1337
Tamara Brubaker @ 460-3126
Laura Cox @ 682-4731
Amy Dunwell @ 975-1878 or amyd13@comcast.net
Randy Ernst @ 363-4653
Kim Schermer @ 285-9804

**Friends of Youth Soccer is a charitable organization and contributions are tax-exempt under 501(c)(3), less the value of any goods or services received.

Registration Form

- We would like to be a sponsor _____
- Additional Social guests \$30 x _____ = _____
- Individual Golf, includes social \$100 x _____ = _____
- Contact me to volunteer _____

Total _____

Unable to attend, but would like to contribute _____

Individual Registration

Circle one: 18 holes or 9 holes

Name _____

Address _____

City/State/Zip _____

Phone/Email _____

Team/Company Registration

Circle one: 18 holes or 9 holes

Company Name _____

Company Address _____

Player Name #1 _____

Address _____

City/State/Zip _____

Phone/Email _____

Player Name #2 _____

Address _____

City/State/Zip _____

Phone/Email _____

Player Name #3 _____

Address _____

City/State/Zip _____

Phone/Email _____

Player Name #4 _____

Address _____

City/State/Zip _____

Phone/Email _____

Make checks payable/ mail to: Friends of Youth Soccer, PO Box 919, Ada, MI 49301