



FOUNDERS
FEDERAL CREDIT UNION

presents



Thursday October 12, 2017

Carolina Lakes Golf Club at Sun City
23012 Kingfisher Drive, Indian Land, SC 29707

18-Hole Captain's Choice

11:00 am Check-in & Lunch

12:00 pm Shotgun Start



Don't miss out on special
holes and great prizes!

All participants are invited to the Awards Reception at
the Chamber's After 5 Mix & Mingle, 5:00-7:00 pm
Carolina Lakes Golf Club - Tavern at The Lakes
Sponsored by Founders Federal Credit Union

A big THANK YOU to our Sponsors

Founders Federal Credit Union

Springs Memorial Hospital

Registration - Check One:

	Member	Non-Member
<input type="checkbox"/> Eagle Sponsor - 4 golfers and company showcase at hole <input type="checkbox"/> Will you have a setup at the hole?	\$425	\$625
<input type="checkbox"/> Birdie Sponsor - 2 golfers and company showcase at hole <input type="checkbox"/> Will you have a setup at the hole?	\$275	\$375
<input type="checkbox"/> Team - 4 golfers	\$300	\$500
<input type="checkbox"/> Hole-In-One Sponsor - 4 available	\$250	n/a
<input type="checkbox"/> Hole Showcase Sponsor - Sign and company showcase at hole <input type="checkbox"/> Will you have a setup at the hole?	\$200	n/a
<input type="checkbox"/> Hole Sponsor - Sign only at display hole	\$125	n/a
<input type="checkbox"/> Player - 1 golfer	\$75	\$125
<input type="checkbox"/> Mulligan Package - 1 mulligan, 1 red tee (limit two per person) \$10 per package		

INCLUDES: Green fees, cart rental, gift bag, lunch, beverages and dinner



Chamber Member <input type="checkbox"/> Yes <input type="checkbox"/> No
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Golfer Registration Form

Company _____
Address _____ Phone _____
Total Enclosed _____
Team Player 1: _____ Handicap _____
Team Player 2: _____ Handicap _____
Team Player 3: _____ Handicap _____
Team Player 4: _____ Handicap _____

First Place Prize \$400

Second Place Prize \$200

Third Place Prize \$100

*Please note: Individual players registered will be assigned to a team.

Return this form to: Lancaster County Chamber of Commerce, PO Box 430, Lancaster, SC 29721

Payment Options (check one)

Credit Card (Visa or Mastercard Only)

Invoice (members only)

Credit card number _____

Amount: \$ _____ Exp. Date _____ 3 digit security code _____

Check Enclosed:

Please make check payable to
LCCOC
P.O. Box 430
Lancaster, SC 29721

Name as it appears on credit card

Billing Address City State Zip

Signature Date

Registration & Sponsor Deadline
September 21, 2017

REGISTRATION FEE MUST ACCOMPANY THE REGISTRATION FORM

Player names **MUST BE** submitted by
September 28, 2017

Email registration forms to melissa@lancasterchambersc.com or call **803-283-4105**.
Questions? Contact Keith Harris, keith.harris@indoff.com, 704-968-7392