



KNIGHTS OF COLUMBUS

IN SERVICE TO ONE. IN SERVICE TO ALL.

Immaculate Conception Council 13681 2017 Charity Golf Tournament

Monday, September 18, 12:30pm shotgun start



BENEFITING



Four Person Scramble

Teams of Men, Ladies or Mixed: Registration fee includes green fees, carts & pizza

\$20,000 Hole in One contest

\$1,000,000 hole in one chance for one player.

Registration Deadline is September 16th, 2017

Silent Auction and Raffle table

During the last four years, our tournaments have generated \$27,000.00 in donations for area charities. Due to the generosity of the players, sponsors and contributors to our 2016 charity golf tournament, the Knights of Columbus Council 13681 was able to donate \$3840.00 to Lifehouse.

Executive Director of Catholic Charities of Southern Missouri, Maura Taylor, said, "I am so thrilled and so thankful that you chose Lifehouse for the proceeds of your golf tournament. Your generous donation will go far in helping our residents."

Please check participation level:

\$400 Team of Four

\$550 Team of Four and Hole Sponsor

\$100 Individual

\$250 Hole Sponsor

Auction/Raffle Item: _____

Player #1 (Captain) Name: _____

Phone: _____ Email: _____

Address, City, State, Zip: _____

Player#2Name: _____

Phone: _____ Email: _____

Player#3Name: _____

Phone: _____ Email: _____

Player#4Name: _____

Phone: _____ Email: _____

Consult your tax professional regarding deductibility. \$80 value Contact David Henderson (417) 849-3735, Larry Jansen (417) 447-6861 or Brian Risley (417) 343-6787 for information to make this event a successful fundraiser. Make checks payable to K of C Council 13681. See below for credit card payments.



STIFEL

Credit Card Payment:

Call David Henderson at 417-849-3735 to submit card information by phone OR complete information below and mail to David Henderson at 1000 E Evans St, Springfield, MO 65810.

Card Type: Visa ___ MC ___ Discover ___ AMEX ___

Credit Card Number: _____

Exp. Date: Month ___ Year ___ **Sec Code** ___ **Amount \$** _____ .00

Name on Card _____ **Day Phone** _____

Billing Address _____ **Zip Code** _____

Signature of Cardholder: _____