

22nd ANNUAL LMC GOLF OUTING

Thursday, July 25, 2019

Registration & Sponsorship Information

Please circle your selection and fill in the golfers names on the right.

- *Golf Cart Sponsorship* [4some and sponsor Golf Carts for \$1500]
 - *Golf Lunch Sponsorship* [4some and sponsor Golf Lunch for \$1,500]
 - *Putting Contest Sponsorship* [4some and & putting game for \$1000]
 - *Snack At The Turn Sponsorship* [4some and sponsor Snack At The Turn for \$1000]
 - *Hole-In One Sponsorship* [4some and sponsor a hole for \$750]
 - *Hole Sponsorship* + [4some and sponsor a hole for \$500]
 - *Hole Sponsorship* + [2some and sponsor a hole for \$300]
 - *Breakfast Sponsorship* -\$250
 - *Range Ball Sponsorship* -\$250
 - *Hole Sponsorship Only* - \$150
 - *Beverage Sponsorship* - \$150
 - *Golf Only* \$100
- Early Bird Rate \$90** (June 30 deadline)

⇒ **ALL-INCLUSIVE PACKAGE**Add \$50 for each Player to be entered in all events, PLUS special raffle.**

Donations for our Bucket Raffle are appreciated.

\$100 Per Person for LMC Members
\$115 Per Person for Non-members

9:00 AM Shotgun start
Registration 8:00 AM
Royal St. Patrick's Golf Links
Wrightstown, WI
18 holes and Golf Cart
4 person scramble
Flag holes-Door Prizes
Team Prizes for men and women
Day of Fun, Camaraderie, Networking
Lunch and Refreshments

I would like to register _____ people to golf in the outing.

Name: * _____

Organization: _____

Email: _____

Name: _____

Organization: _____

Name: _____

Organization: _____

Name: _____

Organization: _____

* Denotes Team Captain

PLATINUM MEMBER



GOLD MEMBERS



SILVER PLUS MEMBERS

Green Bay Packers Giveback
First Business Bank
WEC Energy Group
Wells Fargo Home Mortgage

SILVER MEMBERS

Benefit Plan Administrators of WI
Delta Dental Plan of Wisconsin
Dental Associates/Care Plus Dental Plans
Fox Valley Technical College
Gillick, Wicht, Gillick & Graf

Green Bay Education Association
IBEW Local 2150
IUOE Local 420
Wisconsin Vision

My Check for _____ is Enclosed
Or go to www.lmcouncil.org to register
online with credit card.

____ Please invoice me
____ Check (payable to LMC of NE WI)
____ Charge: Visa/Master Card/Discover (circle one)

Card # _____
Exp. Date _____ CVV _____
Signature _____

Mail or Scan & email Registration To:
LMC of NE WI

1300 American Drive, Neenah, WI 54956
Email: stevekovalaske@gmail.com / Phone: 920-722-3365
Additional forms available at www.lmcouncil.org