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## Two Nine Hole Tournaments

Choose one game:

- 7:30 AM Shotgun start scramble

Max 36 Players

Check-in/Continental Breakfast 6:30 AM

- 10 AM Shotgun start scramble

Max 72 Players

(Golf Cart Required extra fee)

Check-in/Continental Breakfast 9 AM

**Get your foursome together**

or

**Sign up and we'll get your  
team together**



**Registration form  
& donation must be received by:  
May 17, 2010**



**19th Annual  
GOLF TOURNAMENT**

Jamestown Country Club  
Monday, May 24, 2010

Rain or Shine

Registration at 6:30 AM & 9 AM

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## Tournament Details

### Location:

Jamestown Country Club  
East Shore Rd., Jamestown, R.I.

### Date:

Monday, May 24, 2010

### Time:

Registration– 6:30 & 9 AM  
Shotgun Start– 7:30 & 10 AM

### Entry Fee:

\$50 per person  
Includes golf, breakfast, lunch  
and much more...

### Format:

4 person scramble  
Closest to the Pin \* Longest Drive  
Putting Contest  
And Much more.....

### Raffle & Awards:

Held at 12:30 PM

For more information please call:

Dan Knerr : H (401) 848-5321

C (401) 339-3498

## Participant Options

- Platinum Sponsor \$350  
Foursome in golf tournament  
Tee sponsor sign at golf hole
- Gold Sponsor \$250  
Twosome in golf tournament  
Tee sponsor sign at golf hole
- Silver Sponsor \$150  
Tee sponsor sign at golf hole
- Player Entry Fee \$50
- Donation \$\_\_\_\_\_
- Unable to attend, but please accept my donation
- TOTAL \$\_\_\_\_\_

### Sponsor Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone:( ) \_\_\_\_\_  
Email: \_\_\_\_\_

### Make Checks payable to:

ACF Rhode Island Chapter

## Registration Form

### Player 1:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone:( ) \_\_\_\_\_  
Email: \_\_\_\_\_

### Player 2:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone:( ) \_\_\_\_\_  
Email: \_\_\_\_\_

### Player 3:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone:( ) \_\_\_\_\_  
Email: \_\_\_\_\_

### Player 4:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone:( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Please mail check and completed form by  
May 17th to:

Dan Knerr  
50 Kay Boulevard  
Newport, RI 02840