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## Nine Hole Tournament

One Game

9:00 AM

Shotgun start scramble

Max 72 Players

Check-in/Continental Breakfast 8:00AM

(Golf Cart Required extra fee)

**Get your foursome together**

or

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

**Registration form**

**& donation must be received by:**

**May 19, 2017**



**American Culinary Federation  
Rhode Island Chapter**

**26th Annual  
GOLF TOURNAMENT**  
*TO BENEFIT CULINARY SCHOLARSHIPS*

Jamestown Country Club

Monday, May 22, 2017

Rain or Shine

Registration

8:00 AM

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## Tournament Details

### Location:

Jamestown Country Club  
245 Conanicus Ave. Jamestown,  
R.I. 02835

### Date:

Monday, May 22, 2017

### Time:

Registration– 8:00AM  
Shotgun Start– 9:00AM

### Entry Fee:

\$60 per person  
Includes golf, cart, 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 Van Etten : H (401) 333-3434

C (401) 548-2883

## Participant Options

Platinum Sponsor \$400

Foursome in golf tournament  
Tee sponsor sign at golf hole

Gold Sponsor \$275

Twosome in golf tournament  
Tee sponsor sign at golf hole

Silver Sponsor \$150

Tee sponsor sign at golf hole

Player Entry Fee \$60

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 19th to:**

Daniel Van Etten  
46 Owen Drive  
Cumberland, RI. 02864