

270+ Persons Supported



P O Box 11205
Jackson TN 38308-0120



**19th Annual Bob Brown
Memorial Golf Scramble**
Friday, September 27, 2024

Woodland Hills Golf/Country Club
2 Club House Drive
Pinson TN 38366
731.988.5311
www.woodlandhillsgolfcourse.com

Sponsored by





About the Tournament

Date: Friday, September 27, 2024
Shotgun Start

Format: Four (4) Person Scramble

Registration 10:30 am
Lunch 11 am
Tee Off Noon

Flight Prizes Per Player

	1st Flight	2nd Flight	3rd Flight
1st Place	\$125	\$100	\$75
2nd Place	\$75	\$60	\$45
3rd Place	\$50	\$40	\$30

*Special Prizes for Last Place
And Overall Champion!*

Bob Brown's Impact



Pioneering Board Member, concerned parent, champion of those less fortunate are all fitting descriptors for Bob. We honor his memory with this event.

TOURNAMENT QUESTIONS?

Kim McFarland	kmcfarland@mhds.org	984.6405
Jeff Coley	jcoley@mhds.org	234.1274
Bill Brewer	bbrewer@mhds.org	984.6409
Denny Dix		225.2379

Administration	Office	664.0855
27 Conrad Drive	Fax	668.2433
Jackson TN 38305	www.mhds.org	

Please complete and return by Friday, 9/10

TEAM NAME BUSINESS OR ORGANIZATION

Contact: _____

Mail: _____

City: _____ Zip: _____

Email: _____

Day Phone: _____

Cell: _____

PLAYER NAMES

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

TEAM/PLAYER FEES

_____ # Patron Teams x \$1000 = \$ _____

Includes 4 Players, Hole Sign, Cart Sign, 1/2 Page Program Ad and Mulligans & Red Tees for each player

_____ # Team of 4 x \$500 = \$ _____

_____ # Players x \$125 = \$ _____

_____ # Mulligans (2 for \$5) = \$ _____

_____ # Red Tee (1 for \$5) = \$ _____

*Your support
is appreciated!*

ADVERTISING OPTIONS

Full Page Ad
(4 1/2 W x 7 1/2 H) # _____ x \$300 = \$ _____

Half Page Ad
(4 1/2 W x 3 1/4 H) # _____ x \$150 = \$ _____

Qtr Page/Card Ad
(3 1/4 W x 1 3/4 H) # _____ x \$100 = \$ _____

Hole Sign Ad # _____ x \$125 = \$ _____

Bogey Combo # _____ x \$200 = \$ _____
(Hole Sign/Card Ad)

Birdie Combo # _____ x \$500 = \$ _____
(Hole Sign/Half Ad/Cart Sign)

GOODY BAG

*Item: _____ # _____

RANDOM PRIZE

*Item: _____ # _____

*If \$200 value, provide Card/Logo/artwork for ad

- Card/Logo/artwork attached **OR**
- Emailed to kmcfarland@mhds.org

REGISTER & PAY BY FRIDAY, 9/13

- Donation \$ _____
- TOTAL Enclosed OR \$ _____**
- Pay At Tournament
- Invoice Me
- PayPal at www.mhds.org (attach copy of receipt)

* Registration details also available at www.mhds.org

MHDS, P O Box 11205, Jackson TN 38308