200+ Lives Celebrated!

















14th Annual Bob Brown Memorial Golf Scramble Friday, September 21, 2018

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

Sponsored by





About the Tournament

Friday, September 21, 2018 Date:

Shotgun Start

Four (4) Person Scramble Format:

Registration 10:30 am Lunch 11 am Tee Off

Maximum capacity of Teams playing is 24.

Flight Prizes Per Player

Noon

Please complete and return by Friday, 9/7

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

> 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 Denny Dix Rance Thetford Joe Hudson Bill Brewer	kmcfarland@mhds.org ddix@mhds.org rthetford@mhds.org jhudson@mhds.org bbrewer@mhds.org	984.6405 984.6444 984.6429 426.5280 984.6409			
Day Center 38 Garland Drive Jackson TN 383		664.0855 668.2433			

TEAM NAME BUSINESS OR ORGANIZATION

Contact:	
Mail:	
City: Zip:	
Email:	
Day Phone:	
Cell:	
PLAYER NAME	ES
Player 1:	
Player 2:	
Player 3:	
Player 4:	
TEAM/PLAYER F	EES
# Patron Teams x \$1000	= \$
Includes 4 Players, Hole Sign, Cart Si Program Ad and Mulligans & Red Tee	
# Team of 4 x \$500	= \$
# Players x \$125	= \$
# Mulligans (2 for \$5)	= \$

Thank You!

Red Tee (1 for \$5)

ADVEDTICING ODTIONS

Full Page Ad	± HOIN			
(4 1/2 W x 7 1/2 H)	#	_ X \$3U() = \$	
Half Page Ad (4 1/2 W x 3 1/4 H)	#	_x \$ 150	= \$	
Qtr Page/Card Ac (3 1/4 W x 1 3/4 H)		x \$100	= \$	
Hole Sign Ad	#	_ x \$125	= \$	
Bogey Combo (Hole Sign/Card A		_ x \$200	= \$	
Birdie Combo (Hole Sign/Half A			= \$	
GOODY BAG				
*Item:			#	
RANDOM PRIZE				
*Item: # *If \$200 value, provide Card/Logo/artwork for ad				
 □ Card/Logo/artwork attached □ Emailed to kmcfarland@mhds.org 				
REGISTER & PAY BY FRIDAY, 9/7				
□ Donation			\$	
TOTAL Enc	losed	OR	\$	
□ Pay At Tourna	ment			
│ □ 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