ALL Sponsors & Participants ARE INVITED TO THE

PRE-TOURNAMENT **EVENT**

SUNDAY, APRIL 25 @ 6:00 pm **CBHS STEPHEN HALL**

Food will be provided by



Bourbon tasting provided by



WEST TENNESSEE CROWN

Beer provided by



We hope all sponsors and participants will join us for a great night in preparation for golf on Monday!

GOLF TOURNAMENT

Spring Creek Ranch • 149 Chinquapin Drive • Collerville

REGISTRATION: 12:00 noon SHOTGUN START: 1:00 pm

Spend an enjoyable afternoon of golf at the region's premier golf course. Food, fun, and prizes combine to be a golfer's dream.

FORMAT

4-Person Scramble "Par Is Your Partner"

Registration includes:

green fees, goodie bags, golfing apparel, carts, sandwich buffet, food on the course. and Sunday dinner for players & sponsors.

Happy Hour and awards ceremony at the club house immediately following the tournament.

CONTESTS

Putting Contest

Closest-to-the Pin Contest on all Par 3's

Longest Drive Contest



5900 Walnut Grove Road • Memphis, TN 38120 901.261.4940

2021

BROTHERS' OPEN GOLF TOURNAMENT EXTENDS MANY THANKS To Our Title Sponsor







9TH ANNUAL

GOLF TOURNAMENT

Monday, April 26 • 1:00 pm Spring Creek Ranch

PLAYERS

Please provide the following information for each member of your group:

DI AVED #1.

FLAILN#1.			
Shirt Size: Phone:	S 		
E-mail:			
PLAYER #2:			
Shirt Size: Phone:			
E-mail:			
PLAYER #3:			
Shirt Size: Phone:	S 		
E-mail:			
PLAYER #4:			
Shirt Size: Phone:	S 		
E-mail:			



SPONSORSHIPS

GOLD - \$5,000

Team of 4 • Premium Signage Hole Sponsor Sign Premium Goodie Bag 4 Pre-Tournament Event Tickets

☐ PURPLE - \$3,000

Team of 4 • Hole Sponsor Sign Deluxe Goodie Bag 4 Pre-Tournament Event Tickets

HOLE SPONSOR - \$500

Hole Sponsor Sign 1 Pre-Tournament Event Ticket

TEAM

TEAM - \$2,000
4 Pre-Tournament Event Tickets



Register online at www.cbhs.org or return this completed registration form with your payment.

Make checks payable to: BROTHERS' OPEN GOLF TOURNAMENT

Mail payments to: CBHS Advancement Office 5900 Walnut Grove Road, Memphis, TN 38120

REGISTRATION

Contact Person:
Company:
Address:
City:
State: Zip:
Phone:
E-mail:

PAYMENT

Check VISA			
☐ MasterCard ☐ AMEX			
Card #:			
Expiration Date:Month/Year			
,			
Security Code:			
Amount \$			
Name:			
Address:			
Signature:			