Central Catholic High School

LETTERMEN'S CLUB

GOLF OUTING

Save the Date

OCTOBER 14, 2019

EDGEWOOD COUNTRY CLUB
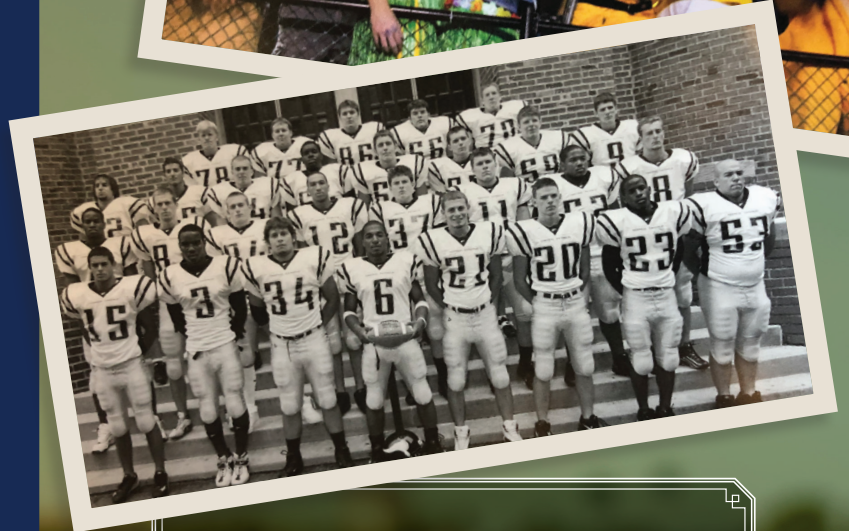
Rain or Shine

Schedule of Events

11 AM – Registration and Lunch

12:30 PM – Shotgun Start for Golfers/Scramble Format

5 PM – Dinner and Drinks

For more information and to register, visit
centralcatholichs.com/golfouting

in Honor of the
2004
State Championship
FOOTBALL TEAM

Central Catholic High School
4720 Fifth Avenue | Pittsburgh, PA 15213-2952
www.centralcatholicHS.com

CENTRAL CATHOLIC HIGH SCHOOL
Pittsburgh, Pennsylvania

REGISTRATION AND SPONSORSHIP OPPORTUNITIES

All sponsorships and proceeds directly benefit Central Catholic's student athletes.
Please complete this form and return to Central Catholic High School, Office of Advancement, 4720 Fifth Ave, Pittsburgh, PA 15213

Sponsor Levels and Benefits

Sponsorship opportunities include: **Signage will be provided*

$200 flag pin | $500 lunch sponsorship* | $500 registration sponsorship* | $1,000 dinner sponsorship*

	$1,000 Dinner Sponsor	$500 Registration Sponsorship	$500 Lunch Sponsorship	$200 Flag Pin Sponsor
Flag Pin	⚑			⚑
Signage at Event	⚑	⚑	⚑	
Company Logo or Name Recognition in *The Quadrangle Magazine*	⚑	⚑	⚑	

▶ **GOLF REGISTRATION:** *Includes lunch, dinner and drinks, greens' fees, carts and beverages on the course*

☐ **$1,000 Foursome with Flag Pin**   ☐ **$200: Individual Golfer**   ☐ **$75: Dinner Only**

▶ **I WOULD LIKE TO SPONSOR AT THE FOLLOWING LEVEL:** **Signage will be provided*

☐ **$1,000 Dinner Sponsorship***   ☐ **$500 Registration Sponsorship***   ☐ **$500 Lunch Sponsorship***   ☐ **$200 Flag Pin**

I would like to make a donation: $ _____   **Raffle Donation:** _____

Company Name/Name: _____ Name (Contact Person) _____

Address: _____ City, State, Zip: _____

Daytime Phone: Fax: _____ Email Address: _____

▶ **PAYMENT INFORMATION:**

Total Amount Due: $ _____   ☐ MasterCard   ☐ Visa   ☐ Check Enclosed
(Please make checks payable to Central Catholic Lettermen's Club)

Name on Credit Card: _____

Billing Address: _____ City State, Zip: _____

Credit Card Number: _____ Expiration Date: _____ 3 Digit Code: _____

Signature: _____

PLEASE LIST CONTACT INFORMATION FOR EACH GOLFER:

Golfer #1

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email address: _____

Golfer #2

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email address: _____

Golfer #3

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email address: _____

Golfer #4

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email address: _____

If registering as an individual, please list the names of the golfers you would like to play with:

_____

_____