

THE 29TH ANNUAL 2019 SOS/ODSC CHARITY GOLF TOURNAMENT

DATE:	S	ATURD	AY SEPT. 14, 2	019			
WHERE:	The Valley at Eastport, 4355 Eastport Blvd, Little River, SC 843-427-4424						
TIMES:			Registration,				
FORMAT:	ORMAT: CAPT'S CHOICE - FOUR PERSON TEAMS Golfers sign up as a foursome, a twosome or on an individual basis						
					r on an individual basis		
ENTRY FEE:			build a team for	•	ainad by 0/10/10		
AMENITIES:			All entries & Fe			with	
AMENITIES: Welcome Bag, Breakfast Biscuits, Liquid Sunshine, Beverage Cart on course with complimentary beer, water, soft drinks, Gatorade, snacks plus a Pulled Pork BBQ Cookout after round.							
PRIZES: Flight Winners, Putting, Closest to the pin, and Straight Drive contests. Large Raffle drawing.							
					\$20. Includes. <u>Two</u> Anywhe		
					from off green. Max 3 Mull		
	n packag	ges can be	e purchased with e	entry form below	and also on day of tournam	ent wit	h cash
or credit card.							
ном то і	ENTER	· Ple	ease complete f	form, enclose i	payment and mail to:		
110 11 10 1						7	
Ken Meyer, 669 Covington Dr NW, Calabash, NC 28467 MAKE CHECK/MONEY ORDER PAYABLE TO:							
ODSC FOUNDATION							
			TAID IT IT IT	IAI O TINIOCO	MOD		
INDIVIDUAL & TWOSOME ENTRY FORM FOR THE 29th ANNUAL 2019 SOS/ODSC FALL							
	<u>LIN</u>	IKI FU		OLF TOURNAL			
			<u>emanii g</u>	<u>OLI TOURIVII</u>	VILIVI		
PLAYER #1 NAME					Handicap		
ADDRESS							
City			STATE	7in	ODSC MEMBER	Vac	No
City			SIAIL	Z.ip	ODSC MEMBER	105	110
Phone Number	()		Email	Address			_
							_
PLAYER #2 NAME				Handicap			
ADDDESS							
ADDRESS							
City			STATE	Zip	ODSC MEMBER	Yes	No
Phone Number	()		Email	Address			
	<i>\)</i> .						_
Money enclose ADD: MULLI			e \$65 ea E \$20 ea	OTAL \$			

Office Use only: Date received: _____Payment: Check #____ Amt:____ Cash:____

ENTRY FORMS/FEES NEED TO BE RECEIVED BEFORE SEPT. 10, 2019

Revd by _____