

FOUR PERSON SCRAMBLE | THORNAPPLE POINTE GOLF CLUB
Monday, July 23, 2018

10:00 AM | Registration
 \$5 Mulligans & \$15 Tapes available!*



11:00 AM | Shotgun Start
 Dinner & awards following golf

*Mulligans & tapes may not be used on prize holes.
 Dress code: collared shirts, no denim

Event proceeds will benefit the Back to Work Program at

GUIDING LIGHT

Off the street. On a payroll.

<p>\$10K Putting Challenge Sponsor</p> 	<p>Hole-in-One Sponsor</p> 	<p>Your logo here when you become a Beverage Sponsor!</p>	<p>Your logo here when you become a Beverage Sponsor!</p>	<p>Your logo here when you become a Beverage Sponsor!</p>
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2018 Bart Austhof Memorial Golf Outing Registration & Sponsorship Form

Each 4-person golf team includes 18 holes of golf with cart, 4 boxed lunches, 4 dinner tickets, and 4 prize drawing entries

- TEE SPONSOR BUNDLE—\$485 ★GREAT VALUE★** | 4-person team & tee signage \$ _____
- GOLF TEAM ONLY—\$396** | 4-person team \$ _____
- BEVERAGE SPONSOR BUNDLE—\$2,000** | 4-person team, watering hole & tee signage, plus logo on Golf Outing communications! \$ _____
- LUNCH BOX SPONSORSHIP—\$500** | Company Logo on ALL boxed lunches \$ _____
- WATERING HOLE SPONSORSHIP—\$175** | Watering Hole Signage \$ _____
- TEE SPONSORSHIP—\$100** | Tee Signage—Join the fun by staffing your tee for games & giveaways! (optional)..... \$ _____
- DINNER TICKET ONLY—\$15 PER PERSON** | Single ticket to the networking dinner & awards ceremony \$ _____
- LIST DOOR PRIZE DONATIONS BELOW** (suggested \$25 value minimum): **TOTAL** \$ _____

<p>PRIMARY CONTACT INFORMATION:</p> <p>Full Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Phone: _____ Email: _____</p>	<p>TEAM NAME: _____</p> <p>PLAYER 1: _____</p> <p>PLAYER 2: _____</p> <p>PLAYER 3: _____</p> <p>PLAYER 4: _____</p>
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PAYMENT INFORMATION: TOTAL AMOUNT \$ _____

Check Enclosed VISA Mastercard AMEX

Card # _____ Security Code: _____

Exp. Date: ____/____/____ Name on Card: _____

Signature: _____

BILLING INFORMATION (if different than above):

Address: _____

City: _____ Zip Code: _____

*Registration & payment must be received by July 16, 2018

Return completed form to:
 Builders Exchange of Michigan
 PO BOX 2031, Grand Rapids, MI 49501
 Fax: (616) 949-6831 | Email: Amy@grbx.com

Sponsors: Email company logos to elizabeth@grbx.com

Questions? Email elizabeth@grbx.com