



GOOD SHEPHERD INTERFAITH VOLUNTEER

Caregivers

26th annual Meade Dorsey Golf Classic

Friday,
May 3rd, 2019

Rain date:
Monday,
May 6th



Mission Statement

The mission of Good Shepherd Interfaith Volunteer Caregivers is to promote independence, security and well-being to elderly residents and disabled people of all ages who are home-based residents, regardless of income or family circumstances.

Our goal is to provide free non-medical, neighborly assistance and companionship through caring volunteers from faith congregations and the wider community – ultimately enriching the lives of all.

Entry Fee and Sponsorship Packages

- **Golfer:** \$125 entry fee per golfer includes, green fee, cart, snack, beverages, dinner and awards reception.
- **Tee Box** (Hole Sponsorship): \$100 fee
- **Additional Dinner:** \$35
- **Foursome:** \$450 fee
- **Sponsor:** \$500
4 golfers and tee box
- **Benefactor:** \$750
4 golfers, logo on banner & tee box
- **Dinner Sponsor:** \$1,000

Format & Additional Details

- Four person modified **scramble format, individuals** welcome (Remaining team slots will be filled by club pro)
- Collared shirt required
- Players package \$10 (2 Mulligans, Pro Drive, 2 50/50 tickets)
- Fun contest: Grand prize putt – **prize \$10,000**
- Exciting door prizes
- Team prizes **including cash award for 1st, 2nd, and 3rd place**
- **Closest to pin contest** and 50/50 tickets sold
- Hole-in-One with a chance to win new car (Provided by Thomassen Ford)

Schedule

10:30am	Check-in
11:30am	Lunch provided
12:30am	Shotgun start
Completion	Grand prize putt
5:00pm	Dinner, awards, reception & door prizes

For more information visit www.gsivc.org

7311 Martinsburg Pike, Shepherdstown, WV 25443

Golfer/Sponsor Registration

Name _____ Phone _____ Handicap _____

Business _____

Address _____

City _____ State _____ ZIP _____

Email Address _____

Package Amount and Selection _____

Payment Method

Check

(Make checks payable to GSIVC)

Cash

Golfer Participation

Golfer 2 _____ Phone _____ Handicap _____

Address _____

City _____ State _____ ZIP _____

Golfer 3 _____ Phone _____ Handicap _____

Address _____

City _____ State _____ ZIP _____

Golfer 4 _____ Phone _____ Handicap _____

Address _____

City _____ State _____ ZIP _____

Mail or fax this form to:



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(304)876-3325
FAX: (304)876-1645