

21st Annual Sacred Heart Parish

“Best Ball” Golf Tournament Application

Friday, September 14, 2018 T@ 8:00am, Registration at 7:00am

George Wright Golf Course, 420 West Street, Hyde Park, MA

Proceeds Benefit Sacred Heart Parish

125th Anniversary of Sacred Heart Parish



Platinum: \$10,000--Gold: \$7,500-- Silver: \$5,000--Bronze: \$2,500--Red & Gold - \$1,000

I would like to participate as a golfer (Individual Entry \$125)

Name _____

Phone _____

Address _____

Senior Division _____

Women’s Division _____

T-Shirt Size ___S ___M ___L ___XL ___XXL

Please place me with a team.

I already have a team.
(Please write the names of the team members on the back side of the application.)

**** Foursomes can be mixed genders**

I Would Like to Sponsor:

___ Longest Drive or Closest to the Pin, \$500

___ Tee or Green, \$150

Name _____ Phone _____

Address _____

I would like to make a donation of \$ _____

Name _____ Phone _____

Address _____

Return this application to: Sacred Heart Rectory, 169 Cummins Hwy, Roslindale, MA 02131

Please make checks payable to: Sacred Heart Church – Golf

Sacred Heart Parish website: www.sh-roslindale.org & e-mail: sacredheartparish@sh-roslindale.org

TEAM ENTRY

(\$125/per person)

1. Name _____

Applicant: *Information given on front page*

Phone _____

Address _____

T-shirt size ___S ___M ___L ___XL ___XXL

2. Name _____

Phone _____

Address _____

T-shirt size ___S ___M ___L ___XL ___XXL

3. Name _____

Phone _____

Address _____

T-shirt size ___S ___M ___L ___XL ___XXL

4. Name _____

Phone _____

Address _____

T-shirt size ___S ___M ___L ___XL ___XXL

FOR OFFICIAL USE ONLY...PAID BY:

Date: _____ Cash \$ _____

Applicant Team Member

Date: _____ Money Order \$ _____

Applicant Team Member

Date: _____ Check \$ _____ CK#: _____

Applicant Sponsor or Donor

Date: _____ Check \$ _____ CK#: _____

Team Member (2)

Date: _____ Check \$ _____ CK#: _____

Team Member (3)

Date: _____ Check \$ _____ CK#: _____

Team Member (4)