



# The Carroll M. Edwards Memorial Golf Tournament

Olde Sycamore Golf Plantation  
7500 Olde Sycamore Dr., Mint Hill

**\*NEW DATE\* July 8, 2020**

12:00pm Shotgun Start



Carroll Edwards has a lasting legacy of supporting many causes in our community, and he was especially supportive of our organization. He understood the need to provide advocacy and support for people with developmental disabilities, and made it possible for our agency to expand our facility and programs in a way that was never before possible. It is an honor to name our annual golf tournament after a man of such conviction and generosity.

## SPONSORSHIP PACKAGES

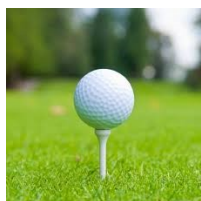
**PLATINUM:** \$5,000 - 2 foursomes, corporate banner, named tournament, 2 hole signs, & mulligan package for 8 players

**GOLD:** \$2,500 - 1 foursome, listing on corporate banner, 2 hole signs, & mulligan package for 4 players

**SILVER:** \$1,000 - 1 foursome, promotional listing, 2 hole signs

**BRONZE:** \$500 - Dinner, Beverage Cart or Contest Sponsor

**SINGLE HOLE :** \$200 - 1 hole sign



10:30 Check-In/Practice Begins

11:00 Lunch Opens

12:00 Shotgun Start

4:00 Dinner/Awards

### CONTESTS:

1. Closest to the Pin
2. Longest Drive
3. Hole-In-1 (\$10,000 CASH)

Mulligan Package Available to purchase onsite for \$25.

Includes 2 mulligans,  
1 red tee box shot  
& 2 raffle tickets.

**Please Return This Portion By Friday, June 26 to:**

**The Arc of Union/Cabarrus, 1653-C Campus Park Drive, Monroe, NC 28112**

I would like to register \_\_\_\_ teams of 4 at \$600, or \_\_\_\_ players at \$150 each.

I would like to be a sponsor (please check box)  Platinum  Gold  Silver  Bronze  Hole  Other

Company/Sponsor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Please make check payable to The Arc of Union/Cabarrus  
or charge my:  Visa  Mastercard  Discover  AmEx

Cardholder's Name: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp Date: \_\_\_\_\_ CCV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Golfer Name

Email

Cell Phone

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Questions? Contact Melanie Miller at [mmiller@thearcisthere.org](mailto:mmiller@thearcisthere.org) or 704-261-1550 x 207