

PLAYER INFO

Player 1 _____

Address _____

City _____ ST _____ Zip _____

Phone _____

Email _____

Player 2 _____

Address _____

City _____ ST _____ Zip _____

Phone _____

Email _____

Player 3 _____

Address _____

City _____ ST _____ Zip _____

Phone _____

Email _____

Player 4 _____

Address _____

City _____ ST _____ Zip _____

Phone _____

Email _____

PREGNANCY CARE CENTER

3737 Rhea Co. Hwy • Dayton, TN 37321
800-338-8928 • prcresources.com

Trifold Brochure

TOWNSVILLE PREGNANCY CENTER

YOUR SUPPORT HELPS

Your support helps provide accurate information and compassionate assistance to men, women and students every year. We offer comprehensive, positive alternatives to abortion.

SERVICES

Our free and confidential services include:

- Pregnancy and STD Testing
- 24-hour Helpline
- Confidential Peer Counseling
- Educational Ultrasounds
- Medical Referrals
- Accurate Information
- Post-Abortion Support

QUESTIONS?
1-800-338-8928
PRCRESOURCES.COM



GOLF CLASSIC



SATURDAY, MAY 8TH

**BENEFITTING
PREGNANCY CARE CENTER**

LOCATION: TOWNSVILLE GOLF CLUB

TEE OFF: 9:15 AM

SATURDAY, MAY 8TH

BENEFITTING PREGNANCY CARE CENTER

SPONSOR A HOLE:

- \$250 – Includes tee sign on hole

PLAYER FEES:

- Includes green fees, cart, lunch, and prizes!
- \$400 / 4 person team
- \$100 / person (individuals will be assigned to a team as available.)

REGISTER BY MAY 2

- 9:00 am shotgun start
- \$400/team of four
- \$100/person (assigned to team as available)
- Fee includes greens fees, cart, lunch, prizes
- Lunch provided by Subway
- \$250 hole sponsor (tax-deductible donation)
- Townsville Golf Club
555 Champions Lane, Townsville
- Registration forms available at your church, our office, or online

REGISTRATION FORM

Detach, Complete, and Return by May 2nd.

Walker's Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____

Email _____

PLAYER SIGN-UP

Team Contact _____

Phone _____

Company/Organization Name _____

Number of Players ____ List player info on back of form.

HOLE SPONSORSHIP

Sponsor Name _____

Phone _____

Address _____

City _____ ST _____ Zip _____

Name you would like to appear on the sign

PAYMENT

Hole Sponsorship: \$250 each	
Individual Player: \$100 each	
Team: \$400 each	
Total: <input type="checkbox"/> Check <input type="checkbox"/> Invoice me	

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Office Use: ☐ Paid (Cash/Check #_____) ☐ Invoiced



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