

2520 Kerlikowske Road Benton Harbor, MI 49022

Home Builders Association Of Southwestern Michigan

Annual Golf Outing Friday, August 17, 2018

Your participation includes: **Drink Tickets** Additional Free round of golf Lunch **Buffet Following**

8:30 AM

Registration And Warm Up

9:30 AM

Shot Gun Start

Awards for:

1st Place 2nd Place

Prizes for

Longest Drive Closest to Pin Putting Contest Most Honest

More Chances to Win! **Betting Hole** Mulligan's **String Play** Skins Cash Raffle

Vehicle Hole in One

Sponsored by LeValley Chevy, GMC & Buick

Benton Harbor, Mi 269-925-3214



Be A Golf Outing Sponsor!

All Sponsors receive signage, program listing,

recognition at luncheon, and on our website.							
	\$2000	Gold Sponsor – Includes hole sponsorship, lunch, foursome, Promo spot emailed to all golfers and members and a year long banner on the HBASWM web site.					
	\$1500	Silver Sponsor – Includes hole sponsorship, lunch, a foursome, and 6 months recognition on the HBASWM website.					
	\$1000	Bronze Sponsor – Includes hole sponsorship, dinner, a foursome, and 3 months recognition on the HBASWM web site.					
* More than one sponsor needed							
\$150		*Hole Sponsor			\$500	*Lunch Sponsor	
\$150		*Longest Drive Sponsor			\$500	*Buffet Sponsor	
\$150		*Closest to the Pin Sponsor			\$500	*Cash Prize Sponsor	
\$200		Practice Green Sponsor			\$500	Beverage Cart Sponsor	
\$500		Golf Cart Sponsor			*We wi	*We wish to furnish the following	
					Raffle I	Prizes:	
Con	tact Nan	ne	Compa	ny			
Phone Number			Email_	_Email			
Player Information							
Your Prepaid Registration Fee must be paid in full by 12:00 noon on July 31st (\$100.00							

per golfer) (\$460.00 including String, skins & Mulligans for team) - After July 31st \$125.00 per golfer. Player 1: Player 2: _____Player 4:___ Player 3:____ () \$20 String per team () \$20 Mulligan's per team () \$20 Skins per team Total = \$_____ Return form and payment to: HBASWM, 1300 E Empire Ave, Benton Harbor Mi 49022 Phone: 269-473-5035 Fax 269-473-3643 email: info@hbaswmi.com ☐ Bill Me (for HBASWM members only) ☐ Check ☐ MasterCard ☐ Visa Card Number: Exp Date: Code: Billing Address:_____