PLAYER INFORMATION

Name: 
Company: 
Address: 
City, Zip: 
Phone Number: 
Email: 

List the players on your team.

Name: Phone Number:
1 
2 
3 
4 

Please complete Registration Form on reverse side.

FOUNDATION BOARD OF DIRECTORS

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2016 GOLF COMMITTEE

George Lucier
Tournament Co-Chairman
Barber Holmes
Tournament Co-Chairman

Josh Lee
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Dr. T. E. Marchant
College President

3rd ANNUAL GOLF CLASSIC

Wednesday, May 11, 2016
Chatham County

www.cccc.edu/foundation
COME JOIN THE FUN!

The Central Carolina Community College Foundation invites you to the 3rd Annual CCCC Foundation Golf Classic on Wednesday, May 11th at Chapel Ridge Golf Course in Pittsboro, NC.

The proceeds from the Golf Classic will be used to help provide scholarships and other financial assistance. Last year the Foundation assisted over 200 deserving students at CCCC. Together, we can help build a better tomorrow!

3rd ANNUAL GOLF CLASSIC

CAPTAIN’S CHOICE

DATE: Wednesday, May 11, 2016
WHERE: Chapel Ridge Golf Course
         Pittsboro, NC
FORMAT: 4 Person Captain’s Choice Flighted
(Prizes will be awarded to top teams in each flight, as well as the winners of the longest drive, closest-to-pin, and putting contest.)
TIME: Shotgun Start: 9:00 a.m.
LUNCH: 1:00 p.m. – 2:00 p.m.

Foursome Package includes green fees, cart rental, entry to putting contest, prizes, refreshments, and lunch.

TOURNAMENT CONTACTS

Tournament Co-Chairmen:
Barber Holmes  George Lucier
(919) 929-9979  (919) 542-4629

Emily Hare,
CCCC Foundation
(919) 718-7230 • ehare@cccc.edu

Jonathan Hockaday,
CCCC Foundation
(919) 718-7231 • jhockaday@cccc.edu

REGISTRATION FORM

I would like the following:

_____ Platinum Sponsor — $1,000
Includes two foursomes and sponsorship recognition.

_____ Gold Sponsor — $600
Includes one foursome and sponsorship recognition.

_____ Silver Sponsor — $200
Includes sponsorship recognition.

Return form by Monday, May 2nd with payment.

☐ Check: Payable to CCCC Foundation
☐ Credit Card:
   ☐ Visa  ☐ MasterCard  ☐ American Express  ☐ Discover
   Card Number: ________________________________
   Exp. Date: ____________  Security Code:________
   Card Holder Name: ____________________________
   Address: _____________________________________
   Phone Number: _______________________________
   Signature: ________________________________

Mail payment to: CCCC Foundation
1105 Kelly Drive
Sanford, NC 27330

Please complete Player Information on reverse side.