

PLAYER INFORMATION

Name: _____

Company: _____

Address: _____

City, Zip: _____

Phone Number: _____

Email: _____

We request that you be at the course no later than 30 minutes prior to start time.

List the players on your team:

1. Name: _____

Phone Number: _____

2. Name: _____

Phone Number: _____

3. Name: _____

Phone Number: _____

4. Name: _____

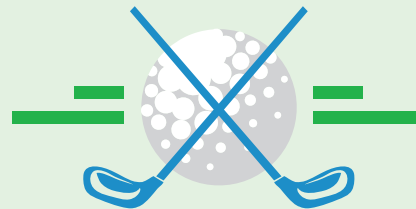
Phone Number: _____

Please complete Registration Form on reverse side.

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at the Harnett County

CHICORA GOLF COURSE



www.cccc.edu/foundation

TOURNAMENT CONTACTS

Parrish Daughtry,
Tournament Chairman
(910) 892-2178

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

4-PERSON CAPTAIN'S CHOICE

DATE: Thursday, March 25, 2021

WHERE: Chicora Golf Course, Dunn, NC

FORMAT: 4-Person Captain's Choice.
(Prizes will be awarded to top teams in each flight. Prizes are based on full field.)

TIME: Shotgun Start
1:00 p.m.

LUNCH: 12:00 p.m. – 1:00 p.m.



Come join the fun!

The Central Carolina Community College Foundation invites you to the 8th Annual CCCC Foundation Golf Classic on Thursday, March 25th at Chicora Golf Course in Dunn, NC.

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

REGISTRATION FORM

I would like the following:

- _____ **Platinum Sponsor – \$1,000**
Includes two foursomes (see Foursome Package for details) and sponsorship recognition
- _____ **Gold Sponsor – \$500**
Includes one foursome (see Foursome Package for details) and sponsorship recognition
- _____ **Silver Sponsor – \$100**
Includes sponsorship recognition only
- _____ **Foursome Package – \$400**
Includes green fees, cart rental, entry to putting contest, prizes, refreshments, and lunch

Return form by Monday, March 22nd with payment.

Check: Payable to CCCC Foundation

Online Payment:

Visit www.cccc.edu/foundation/give-now.

Please specify "Harnett Golf Classic" in the "Special Instructions or Memory/Honor of."

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.