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## HOLE SPONSORSHIP FORM

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- GREEN SPONSORSHIP           \$150  
Recognition at Green
- HOLE SPONSORSHIP           \$250  
Recognition at Green and Tee Box  
Entry fee for 1 player

Organization/Sponsor Name:

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- Enclosed is a check made payable to  
Camp Knutson in the amount of:  
  
\$ \_\_\_\_\_
- Please bill my credit card (Master Card, Visa,  
Discover, American Express)

Name as written on card:

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Credit Card Number/CVV:

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Expiration Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

We request that all sponsorship/golfer commitments be made by Saturday, August 25<sup>th</sup>. One hundred percent of the proceeds from this event will go to Camp Knutson, a non-profit, 501(c)(3) corporation. We are grateful for your support.

THANK YOU!

# CAMP KNUTSON Golf Tournament

SUNDAY, SEPTEMBER 16, 2018

*Dear sponsor/golfer:*

*By supporting this tournament you are helping to continue the dream of Senator Harold Knutson. Each year over 1,200 kids with disabilities and special medical needs benefit from a fun-filled camping experience and are able to connect with kids just like them. They "fit in"!*

*Join us Sunday, September 16<sup>th</sup> at Whitefish Golf Club, Pequot Lakes, MN. for the First Annual Camp Knutson Golf Tournament, A Round For The Kids!*

## EVENT SCHEDULE

- 10:30 Registration, lunch as golfers arrive
- 11:45 Welcome and Rules
- 12:00 Shotgun start
- 5:00 Dinner & Awards

## COST

ENTRY FEE: \$125.00/Golfer

Includes:

Lunch, dinner, contests, prizes, golf at Whitefish golf club and loads of fun.

**PLEASE SUBMIT FORM AND  
PAYMENT TO:**

Whitefish Golf Club  
7883 County Road 16, Pequot Lakes, MN 56472  
Call 218-543-4900 with any questions.

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## GOLF REGISTRATION FORM

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**GOLFER #1**

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

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

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

**GOLFER #1**

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

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

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

**GOLFER #1**

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

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

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

**GOLFER #1**

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

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

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

● Enclosed is a check made payable to  
Camp Knutson in the amount of:  
\$ \_\_\_\_\_

● Please bill my credit card (Master Card, Visa,  
Discover, American Express)  
Name as written on card:

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Credit Card Number/CVV:

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Expiration Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

I am unable to attend the event but wish to make a  
donation: Amount: \$ \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!**