



## ***INVITING ALL GOLFERS***

### **Annual Divine Mercy Catholic School 9-Hole Golf Scramble**

**All proceeds benefit the 5<sup>th</sup>/6<sup>th</sup> grade trip to Damascus Faith and Science Camp.**



Send payment to: Divine Mercy School, 120 Arturus Street, Payne, OH 45880

**Where: Pleasant Valley Golf Course (4152 Rd. 17, Payne, OH 45880)**

**When: Saturday, September 9, 2023; 9:00 AM Shotgun Start**

**Format: 4-Person Team – ANY COMBINATION OF PLAYERS!**

*Students, Women & Men (ALL WELCOME)*

*\*\*\* Students – If applicable, please verify the eligibility rules with your coach \*\*\**

**Cost: \$30/player (\$120 per team) Payment Required in Advance – Includes Green Fees, 1 Cart per Team, Food & Drinks**

or

**\$40/player (\$160 per team) Payment Required in Advance – Includes Green Fees, 2 Carts per Team, Food & Drinks**

Call Divine Mercy Catholic School at 419-263-2114 to reserve your team's tournament entry. Then mail a check payable to **Divine Mercy Catholic School**, along with this completed entry form, to **Divine Mercy Catholic School, 120 Arturus St., Payne, OH 45880.**

<u>Team Level</u>	<u>Quantity</u>	<u>Cost</u>
1 Cart for the Team		\$120
2 Carts for the Team		\$160
<b>Totals</b>		\$_____

Team Name or Business

Represented \_\_\_\_\_

Has your team in the past?  Yes  No

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Where will you be giving payment?  School  Mail  Paulding Office

Church Offering  Giving to Committee Member  Sending with my Student

Contact Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Please list names of all representatives golfing at the event

Player 1: \_\_\_\_\_ Player 2: \_\_\_\_\_

Player 3: \_\_\_\_\_ Player 4: \_\_\_\_\_

*Which players are members of Pleasant Valley Golf Course? (Please Circle)*

**Player 1      Player 2      Player 3      Player 4**

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*Do any players have a golf cart at Pleasant Valley Golf Course? (Please Circle)*

**Player 1      Player 2      Player 3      Player 4**

**For Office Use Only:**

Amount Due: \_\_\_\_\_ Committee Member, Student, Parent, Church Member Taking Info: \_\_\_\_\_

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Date Registered: \_\_\_\_\_ Needs Billed: YES NO

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Payment Received Date: \_\_\_\_\_ Payment Being Put in Church Offering: YES NO

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Receipt Number: \_\_\_\_\_ Payment Type: Check Cash

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Associate Initials Payment Info: \_\_\_\_\_ Sending Payment via Mail: YES NO

