



COVID-19 Safety Statement:

The Lutheran Foundation Charity Golf Tournament will be observing **ALL** current COVID-19 precautions in effect at the time of play, *which are subject to change.*

We appreciate your patience, understanding, and full cooperation.



LUTHERAN
FOUNDATION

Your generous gifts and participation in this tournament help provide much needed financial support which allows us to continue our mission.

Our mission is to support an individual's journey through life with compassion, dignity, and respect.



*2019 Tournament Champions (from left):
Todd McPherson, Larry Hudson, Art Wingerter,
and Greg Edwards.*

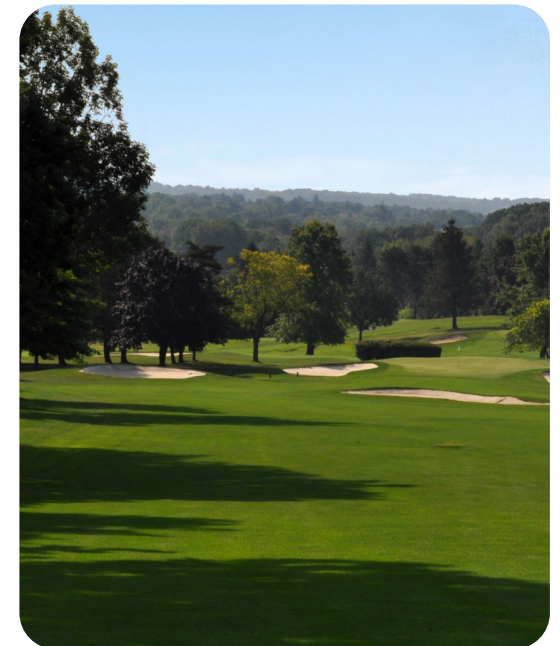
(716) 665-8137

www.lutheran-jamestown.org



LUTHERAN
FOUNDATION

17th Annual Lutheran Charity Golf Tournament



(716) 665-8137

www.lutheran-jamestown.org

**Monday, August 16, 2021
Moon Brook Country Club
Jamestown, New York**

10:30 am Registration & Practice
12 Noon Shot Gun Start
4-person, 2-best ball

TEAM/INDIVIDUAL PRIZES

*Front Side, Back Side
Overall Champion & More!*



If you have any questions, please
call Tom Holt at 716-665-8128.

**Secure Your Company
Sponsorship Today!**

SPONSORSHIP LEVELS

Double Eagle

\$5,000 Lead Sponsor (8 Players)

Eagle

\$3,000 Sponsor (4 Players)

Birdie

\$1,000 Sponsor (2 Players)

Par

\$500 Sponsor (1 Player)

SPONSORSHIP INCLUDES

Greens Fees

Golf Cart

Special Tournament Gift

Lunch

Beer & Soda

Hors-d'oeuvre Buffet

Open Bar

*Name/Sponsor Recognition***

Tournament Prizes & Raffles

**Sponsors will be
prominently listed in the
program and have a
sign on the course.**

*** Double Eagle sponsors will have
a banner on the course as well. ***

____ Enclosed is \$____.
My team members are listed below.

Team Name _____

____ I am unable to attend. Enclosed is
my gift to help support the programs
and services of Lutheran.

Player One Handicap _____
Name: _____
Phone: _____
Address: _____
City: _____
State/ZIP: _____
E-mail: _____

Player One Handicap _____
Name: _____
Phone: _____
Address: _____
City: _____
State/ZIP: _____
E-mail: _____

Player One Handicap _____
Name: _____
Phone: _____
Address: _____
City: _____
State/ZIP: _____
E-mail: _____

Player One Handicap _____
Name: _____
Phone: _____
Address: _____
City: _____
State/ZIP: _____
E-mail: _____

Please return your entry form and payment to:

**Gwen Axelson
Lutheran Foundation
715 Falconer Street, Jamestown, NY 14701**