

11TH ANNUAL GOLF TOURNAMENT TO BENEFIT THE
 PENNSYLVANIA STATE CORRECTIONS OFFICERS ASSOCIATION'S
BOBBY WILT FOUNDATION

The Bobby Wilt Foundation was formed to help our H-I members in times of serious need.



TUESDAY AUGUST 15, 2017
THE CLUBS AT COLONIAL RIDGE
 4901 Linglestown Road | Harrisburg, PA 17112



\$75 PER PLAYER | \$100 PER HOLE SPONSORSHIP (SEE ATTACHED SPONSORSHIP FORM)

REGISTRATION WILL BEGIN AT 8:00 AM | TEE OFF IS AT 9:00 AM
LUNCH & REFRESHMENTS WILL BE PROVIDED

THIS TOURNAMENT IS LIMITED TO THE FIRST 144 PLAYERS. PLEASE R.S.V.P. NO LATER THAN JULY 31ST.

GOLFER REGISTRATION FORM

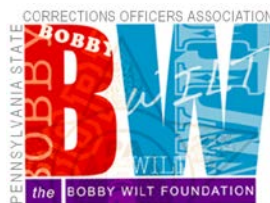
Please return registrations forms and make checks payable to:

PSCOA Golf Tournament: 242I North Front Street, Harrisburg PA 17110 no later than July 31st

*** If you are participating in a foursome, you must submit your team's payment in full (\$300) at the time your registration form is submitted. All payments must be received on or before July 31st. If you do not have a foursome, you will be added to a team that needs players. Names of team members may be changed or added by contacting Paula Lapp at 1-866-467-7262 or pdapp@pscoa.org.***

TEAM CONTACT PERSON:		
LAST		FIRST
ADDRESS (INCLUDE BOX OR APARTMENT NUMBER)		CITY, STATE & ZIP CODE
PHONE NUMBER (INCLUDING AREA CODE)		EMAIL ADDRESS
FOURSOME:	TEAM MEMBERS: PLEASE PRINT CLEARLY & INCLUDE CORRECT SPELLING OF THE NAME	
<input type="checkbox"/> YES	1.	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER
<input type="checkbox"/> NO (PAIR ME WITH ANOTHER TEAM)	2.	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER
	3.	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER
	4.	PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER
LOCAL OR NAME OF ORGANIZATION:		
FOR OFFICIAL USE ONLY:	RECEIVED BY:	DATE:

PENNSYLVANIA STATE CORRECTIONS OFFICERS ASSOCIATION



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4901 LINGLESTOWN ROAD | HARRISBURG, PA 17112

WHETHER YOU ARE A LONG TIME BOBBY WILT FOUNDATION SUPPORTER OR ARE GIVING FOR THE FIRST TIME, THANK YOU FOR YOUR COMMITMENT TO SUPPORT OUR MEMBERS!

DONOR INFORMATION

BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

YES, I WOULD LIKE TO MAKE A \$100.00 DONATION TO SPONSOR A HOLE

PLEASE PRINT THE NAME AS IT SHOULD APPEAR ON THE SIGN : _____

YES, I WOULD LIKE TO DONATE DOOR PRIZES

YES, I WOULD LIKE TO MAKE A DONATION TO THE BOBBY WILT FOUNDATION IN THE AMOUNT OF \$ _____

CHECKS & MONEY ORDERS SHOULD BE MADE PAYABLE TO:

PSCOA GOLF TOURNAMENT

MAIL YOUR COMPLETED FORM ALONG WITH YOUR DONATION TO:

THE BOBBY WILT FOUNDATION

ATTN: GOLF TOURNAMENT

2421 NORTH FRONT STREET

HARRISBURG, PA 17110-1110

(ACCEPTABLE FORMS OF PAYMENT: CHECK, MONEY ORDER OR CASH)