

2017 Kentucky Amputee Golf Tournament

Presented by JODA International, Inc.

Shelbyville Country Club, Shelbyville KY

Friday, June 2nd:

11:00 Lunch, 1:00 Sponsor/Amputee Scramble, Awards Immediately Following

Friday Scramble Entry Fee:

Includes Lunch, 18 holes of golf, tee gift, contests, and awards.

- **3-Person Team (4th player will be an amputee) - \$225**
- **Individual Golfers (We will pair you with a team) - \$75**

Send Completed Entry From (Page 2) and Payment to:

Amputee Golf Charities
78 Marbrook Lane
Finchville, KY 40022

KY Amputee Charity Contact Information

Website - www.amputeegolfcharities.com

Charity Email - amputeegolfcharities@gmail.com

Rick Minton – Kentucky Amputee Golf Charities Board President: 502/298-2851

Eleanor Miller – Secretary/Treasurer: Phone: 502/298-2807

Course Information:

Website – www.shelbyvillecc.com Pro Shop – 502/633-0542

Physical Address: 47 Smithfield Rd. Shelbyville, KY 40065

Kentucky Amputee Golf Charities is committed to bettering the lives of Amputees living in Kentucky through recreation, emotional support and funding for prosthesis and treatment. We cordially invite you to participate in the 2017 Amputee Golf Charities Tournament both as a golfer and a sponsor. You don't have to give an arm and a leg, but remember, some people really have.

By playing in the Scramble you're helping support the stroke play event for

Amputee Golfers held on Saturday and Sunday June 3rd and 4th.

Please consider Adding a sponsorship or donation to your registration.

Silver Level Sponsor Package - \$1,000

- 2 Player Sponsorship – Amputee Golfer Entry Fee Paid
- Listing in Tournament Handbook
- 4 Tickets to Saturday Gala Dinner and Comedy Auction

Single Player Sponsor Package - \$500

- 1 Player Sponsorship – Amputee Golfer 3-Day Entry Fee Paid
- Listing in Tournament Handbook
- 2 Tickets to Saturday Gala Dinner and Comedy Auction

Kentucky Amputee Golf Charities is a 501(c)-3 Charitable Organization. Corporate Sponsorship Levels are available as well.

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Friday Scramble Player Registration:

Player 1 _____ Contact Phone _____

Street Address _____ City _____

State _____ Zip _____ Email Address _____

Veteran Branch of Service _____

Service Description _____

Player 2 _____ Contact Phone _____

Street Address _____ City _____

State _____ Zip _____ Email Address _____

Veteran Branch of Service _____

Service Description _____

Player 3 _____ Contact Phone _____

Street Address _____ City _____

State _____ Zip _____ Email Address _____

Veteran Branch of Service _____

Service Description _____

Payment Enclosed:

of Golfers ___x (\$75 ea) Sponsorship Contribution or Donation \$ _____

Total Enclosed \$ _____

DEADLINE FOR ENTRY IS MAY 26th, 2017

Please Send Completed Entry Form and Payment to:

Amputee Golf Charities
78 Marbrook Lane
Finchville, KY 40022