



Springville Wrestling Program's  
3<sup>rd</sup> Annual "Friends of Wrestling"  
Golf Tournament

**SATURDAY, August 5<sup>th</sup>, 2017**

Concord Crest Golf Course

9255 Genesee Road, East Concord, NY 14055

**Registration will begin at 1:00 PM**  
**2:00 PM Start Time - Shotgun Start**

Included in your cost are:

- Gift bag with assorted goodies
- 18 holes of scramble golf with cart (limited to 18 teams)
- Lunch at the turn (hot dog or Italian sausage and drink)
- Steak dinner at the completion of golf.
- Prizes for closest to the pin & longest drive.
- We will also have tickets for purchase for 50/50 and raffle baskets.

**Registration Deadline is July 29<sup>th</sup>, but early registration is strongly encouraged.**

This form MUST be returned so we can reserve your spot.

**Payment is due by July 29<sup>th</sup> - \$75.00 per golfer**  
**\$65.00 to those that donate gently used or new wrestling shoes.**

Reservations by Foursomes ***\$75.00/person***

TEAM NAME: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Checks and forms can be sent to:

Springville Griffith Institute  
Attn: Mark Vogel  
290 N. Buffalo St.  
Springville, NY 14141

**For more information or questions, please contact Mark Vogel, [msvogel@springvillegi.org](mailto:msvogel@springvillegi.org)**

***Make checks payable to: Springville Griffith Varsity Club***

# Springville Golf Tournament

## SPONSOR COMMITMENT FORM

Please fill out this form and return it by July 29th.

If you wish to have a receipt sent to you, please indicate at the appropriate place on this form.

***Make checks payable to:  
Springville Griffith Varsity Club***

I wish to sponsor: \_\_\_\_\_HOLE(S) @\$50.00 each  
\_\_\_\_\_CART(S) @\$20.00 each

AMOUNT ENCLOSED \$ \_\_\_\_\_

THANK YOU!!!!

My name or company name, address and phone are: (please include a copy of a business card or letterhead for your sign or board)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please send receipt: \_\_\_\_\_

**RETURN TO:**  
**Springville Griffith Institute**  
**Attn: Mark Vogel**  
**290 N. Buffalo St.**  
**Springville, NY 14141**  
[msvogel@springvillegi.org](mailto:msvogel@springvillegi.org)