



## 2024 Log-A-Load CHARITY GOLF TOURNAMENT

Benefiting [McLeod Children's Hospital](#)

### Captains Choice Tournament

Date: October 10th, 2024

Place: Country Club of South Carolina (Florence, SC)

Time: Registration/Lunch 12:00pm - 1:00pm      Shotgun Start 1:00pm

#### Levels of Sponsorships

- |                          |                 |                |   |
|--------------------------|-----------------|----------------|---|
| <input type="checkbox"/> | <b>Platinum</b> | <b>\$2,500</b> | Includes 8 players, Name Recognition on Sign, & Appreciation Gift   |
| <input type="checkbox"/> | <b>Gold</b>     | <b>\$1,000</b> | Includes 4 players, Name Recognition on Sign, & Appreciation Gift   |
| <input type="checkbox"/> | <b>Silver</b>   | <b>\$500</b>   | Includes 2 players, Name Recognition on Sign, & Appreciation Gift<br><i>Two additional players \$150 - Total of \$650 for Team</i>  |
| <input type="checkbox"/> | <b>Bronze</b>   | <b>\$250</b>   | Includes 1 player, Name Recognition on Sign, & Appreciation Gift<br><i>Three additional players \$225 - Total of \$475 for Team</i> |

Company or Sponsor Recognition Name: \_\_\_\_\_

Please send logo for signage

- Sponsorship Only:** If you are unable to attend, please indicate by checking the box to the left. We greatly appreciate your support and will proudly include your logo on our signage at the event!!!
- No Sponsorship - Entry Fee:** \$300.00 per Team (\$75 per person)

Captain's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Player 2 Name: \_\_\_\_\_

**NO HANDICAP**

Player 3 Name: \_\_\_\_\_

**LOWEST TEAM SCORE WINS!!!**

Player 4 Name: \_\_\_\_\_

Maximum of 27 Teams. Please list if you have a pre-selected foursome.

\*Send Form & Check Payable to [McLeod Children's Hospital](#) attention:  
Davis Sawyer PO Box 100551 Florence, SC 29501-5551

Questions can be directed to one of our FASC committee members listed below:  
*Dan Stuckey, Chris Byrd, Chad LePew, Lee Norton, and Jason Carraway*