

# The Carroll M. Edwards Memorial Golf Tournament

presented by:  
The Arc of Union County



Rolling Hills Country Club  
2722 W. Roosevelt Blvd., Monroe

May 7, 2012

12:30 Shotgun Start



## SPONSORSHIP PACKAGES

- PLATINUM: \$5,000 - 2 foursomes, corporate banner, named tournament and 2 hole signs  
GOLD: \$2,500 - 1 foursome, listing on corporate banner and 2 hole signs  
SILVER: \$1,000 - 1 foursome, promotional listing and 2 hole signs  
BRONZE: \$500 - Dinner, Beverage Cart or Contest Sponsor  
SINGLE HOLE: \$150 - 1 hole sign

11:00 Check-In/Practice • 11:30 Lunch • 12:30 Shotgun Start • 5:30 Dinner/Awards

## CONTESTS:

1. Closest to the Pin
2. Longest Drive
3. Beat the Pro
4. Hole-in-1 (\$10,000 CASH PRIZE)
5. Ball Drop (250+ golf balls will be dropped, the person whose ball is closest to the pin will win a cash prize. You may purchase as many golf balls as you'd like: \$5 for two balls or \$10 for five balls.)

Carroll Edwards was a huge supporter of the good works of our community, and was especially supportive of our organization. He understood the need to provide advocacy and supports for people with developmental disabilities, and made it possible for our agency to expand our facility and programs in a way that was never before possible. It is our honor to rename our annual golf tournament after a man of such conviction and generosity.



**The Arc**  
For people with intellectual and developmental disabilities

Please return this portion to:

The Arc of Union County, 1653-C Campus Park Drive, Monroe, NC 28112

- I would like to register \_\_\_\_\_ teams of four at \$500, or \_\_\_\_\_ players at \$125 each.  
 I would like to be a sponsor (please check box)     Platinum     Gold     Silver     Bronze     Hole     Other

Company/Sponsor: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Golfer Names:

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

Please make check payable to: The Arc of Union County.

Or charge my:     Visa     MasterCard     Discover, Cardholder's Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_ / \_\_\_ / \_\_\_    CID: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_