



2016 CECA Fall Golf Tournament
Wednesday, October 12th
(Entries due by October 3rd)



Umstead Pines Golf & Swim Club At Willowhaven
253 Country Club Drive
Durham NC 27712
919-383-1022

11:00am Check in with 12:00 Noon Shotgun Start
Modified Captain's Choice
Registration is limited to the first 23 teams

Prizes Sponsored by:



Life Is On



Team Prizes for 1st 2nd and 3rd Place, Longest Drive, Longest Putt, 2-Closest to the Pin

Entry Fee: \$430 Foursome or \$115 Individual
Includes Greens Fees, Cart and Dinner following play

Hole and Dinner Sponsorships Needed

A distribution of the proceeds will go to the John Moore Electrical Industry Assistance Fund and the Bill Boyette Scholarship Fund

CECA 9516 Northeast Parkway Suite 300 Matthews NC 704-365-4016 Fax 704-364-4040
Website: www.carolinaseca.org Email: kparker@carolinaseca.org

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At Willowhaven
253 Country Club Drive
Durham NC 27712



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Dinner after Play
Entries due by October 3rd

2016 CECA Fall Golf Tournament

Please fill form out completely

Team
 Captain: _____ Handicap: _____ Phone: _____
 Company: _____ Email: _____
 Player #2: _____ Company: _____
 Handicap: _____
 Player #3: _____ Company: _____
 Handicap: _____
 Player #4: _____ Company: _____
 Handicap: _____

Handicap is necessary for calculating score. Please include all players handicap

Thank you to
 our Prize
 Sponsors



Life Is On



Foursome (Includes Greens Fees, Cart and Dinner following play) _____ @ \$430 \$ _____
Individual (Includes Greens Fees, Cart and Dinner following play) _____ @ \$115 \$ _____
Hole Sponsor (Includes Signage at hole and recognition in Magazine) _____ @ \$105 \$ _____
Dinner Sponsor (Includes Signage at dinner and recognition in Magazine)
 (Dinner Sponsorship -Amount is your Choice) \$ _____
Four Red Tees to be used by anyone (no more than 4 red tees per team) _____ @ \$5 each \$ _____
 (\$5 per person / \$20 per team)

Total \$ _____

Payment Information: Check Enclosed Credit Card Invoice Me

Visa MasterCard American Express Card # _____
 Expiration Date: _____ Card Code# _____ Name on Card if
 not Team Captain: _____

<p>3 Ways to Register: For questions or information call our office at: 704-365-4016</p>	<p style="text-align: center;">MAIL THIS FORM With check or credit card info to: CECA 9715 Northeast Pkwy Suite 300 Matthews NC 28105</p>	<p style="text-align: center;">FAX THIS FORM With Credit Card info to the CECA Office at: 704-364-4040</p>	<p style="text-align: center;">REGISTER ONLINE Using our secure website: www.carolinaseca.org/GolfRegistration.htm</p>
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