



## 2018 CECA Fall Golf Tournament

# Wednesday, October 3<sup>rd</sup>

(Entries due by September 26<sup>th</sup>)



## Chapel Ridge Golf Club

1010 Chapel Ridge Drive  
Pittsboro NC 27312

**10:00am Check in**

**11:00am Shotgun Start**

Modified Captain's Choice

Prizes Sponsored by:



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

**Entry Fee: \$460 Foursome or \$121 Individual**

Includes Greens Fees, Cart and Dinner

## *Hole and Lunch 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](http://www.carolinaseca.org) Email: [kparker@carolinaseca.org](mailto:kparker@carolinaseca.org)

**October 3<sup>rd</sup>**  
 Chapel Ridge Golf Club  
 1010 Chapel Ridge Drive  
 Pittsboro NC 27312



**11:00am Shotgun Start**  
**Dinner Provided**  
**Entries due by September 26<sup>th</sup>**

## 2018 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: _____	
<p><b>Handicap is necessary for calculating score. Please include all players handicap</b>  <b>Includes Boxed Lunch for all Players</b></p>	

<b>Foursome</b> (Includes Greens Fees, Cart and Dinner)	_____ @ \$460	\$ _____
<b>Individual</b> (Includes Greens Fees, Cart and Dinner)	_____ @ \$121	\$ _____
<b>Hole Sponsor</b> (Includes Signage at hole and recognition in Magazine)	_____ @ \$105	\$ _____
<b>Dinner Sponsor</b> (Includes Signage at Dinner and recognition in Magazine) (Dinner Sponsorship -Amount is your Choice)		\$ _____
<b>Four Red Tees to be used by anyone</b> (no more than 4 red tees per team) ( <small>\$5 per person / \$20 per team</small> )	_____ @ \$5 each	\$ _____
	<b>Total \$</b>	_____

**Payment Information:**     Check Enclosed     Credit Card     Invoice Me

Visa     MasterCard     American Express    Card # \_\_\_\_\_

Name on Card if

Expiration Date: \_\_\_\_\_ Card Code# \_\_\_\_\_ not Team Captain: \_\_\_\_\_

**3 Ways to Register:**  
 For questions or information call our office at:  
**704-365-4016**

**MAIL THIS FORM**  
 With check or credit card info:  
**CECA**  
**9715 Northeast Pkwy**  
**Suite 300**  
**Matthews NC 28105**

**FAX THIS FORM**  
 With Credit Card info to the CECA Office at:  
**704-364-4040**

**REGISTER ONLINE**  
 Using our secure website:  
<https://carolinaseca.org/meetingsconventionsevents/golf-tournament-registration/>