

# Capital City Kiwanis Board

President Michael Fritz

President Elect Corky Hawthorne

Vice President Tim Killough

Treasurer Joe Gary

Secretary Becky Booker

Past President Brent Slay

Director Tyrone Banks

Director Ricky Hollon

Director John McFarlin



## Tournament Facts

Entry is open to the general public

Four-person scramble

Longest Drive Competition

Closest to the Pin Competition

Lunch beginning at 11:30 am

12:00 Noon Registration

1:00 pm Shotgun Start

Awards to Follow

Please send form and \$125 per player to:

Capital City Kiwanis Club  
c/o Joe Gary  
475 South Hull Street  
Montgomery, AL 36104

\$50 of Player Entry Fee is tax deductible



**Kiwanis**  
CAPITAL CITY KIWANIS CLUB

**Golftoberfest**



# Helping Montgomery's Youth and Charities

Capital City Kiwanis has been serving Montgomery for over 50 years. Each year the club invests in the lives of the youth of Montgomery. Our involvement is both personal and financial.



We sponsor bicycle rodeos and Kiwanis Olympics for the Boys and Girls Club of the River Region.

Financially, we support various charities that benefit children and youth as well as award three college scholarships to well deserving students. Recipients of the financial support include: Boy Scouts, Girl Scouts, Boys and Girls Club of Montgomery, Reading is Fundamental, Children's Center, Montgomery YMCA, and more.

## Sponsorships

**Grand Sponsor \$1,000**

Exclusive sponsorship of Driving Range or Beverages Banner, Team of Four, Logo Tee Box Sign

**Premium Sponsor \$700**

Exclusive sponsorship of Putting Contest, Longest Drive or Closest to Pin Hole Banner, Team of Four, Logo Tee Box Sign

**Deluxe Hole Sponsor \$650**

Team of four, Logo Tee Box Sign

**Team Sponsor \$500**

Team of Four  
Exclusive Hole Sponsor Signs

**Exclusive Hole Sponsor Signs Value Hole Sponsor \$250**

Logo Sign on one Tee Box

**Standard Hole Sponsor \$200**

Plain Tee Sign on one Tee Box

**Individual Player \$125**

Call Tim Killough at (334) 546-4840  
for more information

## Player Entry Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Handicap \_\_\_\_\_

List Teammates preferences below: If you have no preference, a committee will assign you to a team.

Name	Handicap
_____	_____
_____	_____
_____	_____
_____	_____

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