|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | This golf tournament is a benefit for  “Jim’s Team to Fight Alzheimer’s”  Annette Carter, a Vinton business leader, lost her husband of 27 years, Jim, to Alzheimer’s disease. She has become a very strong and powerful advocate and fund-raiser for the Central and Western Virginia Chapter of the Alzheimer’s Association. Annette is consistently one of the top fund-raisers for the Walk to End Alzheimer’s in Roanoke.  **There will be participating gifts and giveaways.**  **There will be raffles, unlimited red tees and mulligans.** | |  |  | |  | | --- | | Recipient Name Address City, ST ZIP Code | | Annette Carter  15786 Stewartsville Rd. Vinton, Va. 24179 | |  | |  | | --- | | Fourth Annual  “Swing It to End It”  for Alzheimer’s  Captains Choice Golf Tournament  A benefit for Jim’s Team to Fight Alzheimer’s | | ***SUNDAY August 20, 2017 1:30pm*** | | ***HANGING ROCK GOLF COURSE*** | | **18 holes of golf with cart**  **Lunch, snacks, and beverages**  **Award reception after the tournament**  **Free Range balls**  **Closest to the pin on each par 3**  **Hole in One contest**  **1st, 2nd, 3rd and 4th place awards** | |  | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | Contact Us Annette Carter  15786 Stewartsville Rd. Vinton, Va. 24179  Work- 540-890-6899  Mobile- 540-871-0290  Fax- 540-890-2373  [cartera98@verizon.net](mailto:cartera98@verizon.net)  or  Rick Crotts  802 Bowman Ave.  Salem, Va. 24153  Cell- 540-580-3116  [crottsrick@yahoo.com](mailto:crottsrick@yahoo.com)  Website is coming soon! | | C:\Users\rhcrotts\OneDrive - Roanoke County Schools\Alzheimer's Tourney\swinging golf.jpg | | |  | | --- | | Registration Form - $65 per person/$260 per team  Sunday, August 20, 2017 Hanging Rock Golf Course Salem, Va 1:30pm shotgun Start  Team Captain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Golfer #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Golfer #3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Golfer #4:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | CHECK ALL THAT PERTAINS:   * My Check is enclosed or will be mailed * Please Invoice me * Please charge my Visa or Master Card * I would like to receive a receipt from the Alz. Assn. as a tax write off (does not include the golf that is paid for)   Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Visa * Mastercard   Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Exp. Date: \_\_\_\_\_/\_\_\_\_\_  CVV Number: \_\_\_\_\_\_\_  Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |