

# PASTORS MASTERS

## GOLF CLASSIC



**AUGUST 24**  
10:00AM CHECK IN  
11:00AM SHOTGUN START

**PROCEEDS GO TO**  
WNMMN BENEVOLENCE FUND TO ASSIST  
OUR PASTORS IN TIMES OF NEED.



REGISTER ONLINE AT  
[WNMDAG.ORG](http://WNMDAG.ORG)

### THURSDAY, AUGUST 24, 2023

**Register as an individual, a team, or consider a sponsorship.**  
**Register by August 14, 2023**



For more details contact Deb or Diane:  
Call: 715-258-8118 or Email: [pastorsmasters@wnmdag.org](mailto:pastorsmasters@wnmdag.org) Online registration: [wnmdag.org](http://wnmdag.org)  
Complete, detach & return form with payments:  
WNMD – PASTORS MASTERS | P. O. Box 309 | Waupaca, WI 54981

- Single Golfer(s) \$150 before July 15  
After July 15 the price goes up \$10/player
- Four Golfers \$580
- Church Sponsor \$700  
Includes 4 golfers, double tickets,  
sponsor sign on course.

### PASTORS MASTERS – August 24, 2023

#### MAIL IN REGISTRATION

#### LUNCH ON THE COURSE

For your convenience, lunch is provided.

Quantity \_\_\_\_\_

\_\_\_ Deli Sandwich

Total # of \_\_\_ lunches

Gluten free \_\_\_

Dairy free \_\_\_

Vegetarian \_\_\_

Other \_\_\_

**DINNER IS PROVIDED**

#### GRACE PACKET

*Per Golfer - \$35 includes*

One mulligan, 6' string, white tee, pink tee, and a cutter for the string.

**You will want to register early so you're not turned away and so you'll save \$10!!**

**Come join us for a fun-filled day with great camaraderie, good food, nice prizes to win.**

#### SPONSORSHIPS

- Golf Cart Sponsor \$1,000
- Dinner Sponsor \$1,000
- Platinum Hole Sponsor \$500
- Gold Hole Sponsor \$250
- Silver Hole Sponsor \$150
- Donation \$ \_\_\_\_\_
- Prize Donation \_\_\_\_\_

Make check payable to:

**WNMD – Pastors Masters**

Mail to:

**WNMD-Pastors Masters  
P O Box 309, Waupaca, WI 54981**

#### PAYMENTS

Registration \$ \_\_\_\_\_  
Grace packet \$ \_\_\_\_\_  
Sponsorship \$ \_\_\_\_\_  
Donation \$ \_\_\_\_\_  
TOTAL ENCLOSED: \$ \_\_\_\_\_

Golfer 1 Name \_\_\_\_\_

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

Golfer 2 Name \_\_\_\_\_

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

Golfer 3 Name \_\_\_\_\_

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

Golfer 4 Name \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

Organization \_\_\_\_\_

Address \_\_\_\_\_

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