



**2018 CENTRAL OREGON PUBLIC SAFETY CHAPLAINCY GOLF TOURNAMENT  
PRESENTED BY MOUNTAIN VIEW HEATING**

**Date:** Friday August 3rd, 2018

**Time:** Shotgun start **8:00 a.m.** – Registration at 7:00 a.m. lunch served at 1:00 p.m.

**Place:** Eagle Crest Ridge Golf Course - Redmond, Oregon

**Format:** Scramble with a shotgun start; if you do not enter as a foursome we will do our best to match you with a team.

**Entry:** \$125.00 per person/ \$500.00 per foursome. Includes: 18 holes of golf, cart, range balls, on-course snacks and beverages and lunch. All proceeds support COPSC programs and activities.

**Entry Form:**

**Team Captain Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Team Members:**

**Player 1 Name (first, last):** \_\_\_\_\_

**Player 2 Name:** \_\_\_\_\_

**Player 3 Name:** \_\_\_\_\_

**Player 4 Name:** \_\_\_\_\_

**Method of Payment:** Credit Card \_\_\_ Visa/MC Check# \_\_\_

**Amount:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Exp.** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Authorization Signature:** \_\_\_\_\_

*Please make checks out to Central Oregon Public Safety Chaplaincy  
For more information visit: [www.copchaplain.com](http://www.copchaplain.com)*

*Return Form and funds to COPSC, PO Box 1898 Redmond, OR 97756*



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**Sponsorship Opportunities**

\$2,500 **Luncheon Sponsor (one available)**

Foursome and two carts; name and logo on COPC website; Hole sign and recognition during luncheon.

\$1,000 **Welcome Sponsor (2 available)**

Your name/logo and prominent banner on the practice green; Hole sign and recognition during luncheon.

\$500 **Beverage Cart Sponsor (two available)**

Hole Sign, Signage on Beverage Cart, recognition during luncheon.

\$250 **Hole Sponsor (14 available)**

Hole sign and recognition during luncheon.

**Yes! We would like to join the COPSC golf tournament as a sponsor this year!**

Company Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Team Participating in Tournament? Yes/No Team leader name: \_\_\_\_\_

Method of Payment: Credit Card \_\_\_ Visa/MC Check# \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_

CC#: \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

**Please return form to COPSC, PO BOX 1898 Redmond, OR 97756**  
For more information call Andrea 541.390.4970 or visit [www.copchaplain.com](http://www.copchaplain.com)