

Golf Entry Form
\$150 Entry Fee Includes:
Green Fee, Cart, Lunch and Dinner

If you do not have a foursome - no worries - we will arrange one for you

Golfer 1

Name _____

Address _____

Zip _____ Phone _____

email _____

Golfer 2

Name _____

Address _____

Zip _____ Phone _____

email _____

Golfer 3

Name _____

Address _____

Zip _____ Phone _____

email _____

Golfer 4

Name _____

Address _____

Zip _____ Phone _____

email _____

Holy Cross Greek Orthodox Church
123 Gilkeson Rd,
Pittsburgh, PA 15228



**Holy Cross
Greek Orthodox Church
Presents the :**
1st Annual
Michael Megaludis
Memorial Golf Outing

Monday October 6, 2014
South Hills Country Club
4305 Brownsville Rd.
Pittsburgh, PA 15236

Shotgun Start 12:30 PM
Dinner 6:00 PM



Schedule of Events

Registration: 11:00AM to 12:00 PM
Sit down Lunch: 11:30 AM to 12:00 PM
Driving Range: Open all day
Shotgun Start: 12:30 PM
Cocktail Reception : (Cash Bar)
5:00 PM -6:00 PM
Dinner/Silent Action 6:00 PM

Details

Scramble (Best Ball)
Skill Prizes: Men - Seniors - Women
First Place Team Prizes:
Men - Women

My sign sponsorship should read as follows:

For more information email:
chris.pfanstiel@nm.com or call 412 552-8031

All proceeds will be donated
to the general fund of
Holy Cross Greek Orthodox Church

Sponsorship Opportunities

Seraphim Sponsorship Level \$1000

- Golf for Four
- Lunch
- Dinner
- Tee Sponsorship
- Program Advertising

Cherubim Sponsorship Level \$750

- Golf for Two
- Lunch
- Dinner
- Tee Sponsorship
- Program Advertising

Archangel Michael Sponsorship Level \$500

- Dinner for Two
- Tee Sponsorship
- Program Advertising

Tee Sign \$250

- Tee Sponsorship
- Program Advertising

Registration Form

(Please reply by September 26, 2014 with payment in full)

Seraphim Sponsorship	\$1000
Cherubim Sponsorship	\$750
Archangel Michael Sponsorship	\$500
Tee Sign	\$250
Foursome	\$600
___Golfer(s)	\$150/Golfer
Dinner Only	\$50/person

Payment Method

Check (make payable to:
(Holy Cross Greek Orthodox Church/
please mark Golf Outing in memo line)

Visa Master Card

Account No. _____
Exp. Date ____ / ____
Name on Card _____
Billing Address _____
City _____
State _____ Zip _____
Phone Number _____

Mail this form with Payment to:

Holy Cross Greek Orthodox Church
123 Gilkeson Rd,
Pittsburgh, PA 15228