



CARING THROUGH YOUR JOURNEY

28th Annual

# GOLF SCRAMBLE

TUESDAY, JUNE 25, 2024 • BENT OAK GOLF COURSE

## GOLF SCRAMBLE TEAM REGISTRATION

### GOLF SCRAMBLE GENERAL INFO:

**Format:** Four Player Scramble

**When:** Tuesday, June 25, 2024

Lunch: 11:00 am. Shotgun Start: 12:15pm

**Where:** Bent Oak Golf Course, Elkhart

**Entry Fee:** \$400.00 Team, \$100.00 Single  
Includes: 18 holes/cart, lunch, snacks, and door prizes.

**Questions?** Contact Peter Norton  
(574) 875-5158 or pnorton@elkhartcancer.org

### SPONSORSHIP LEVELS:

**MAJOR — \$5,000 —** includes top billing on all communications, advertising, and Scramble materials; four four-person teams; and recognition on Cancer Resources' marquee by Concord Mall on Highway 33.

**CORPORATE — \$1,000 —** includes two four-person teams, hole sponsorships, recognition on all event materials and on the day of the event.

**GOLD — \$600 —** includes one four-person team, hole sponsorships, recognition on the day of the event.

**HOLE SPONSOR — \$200 —** Company name signage at hole on course.

### THE CANCER RESOURCES DIFFERENCE:

Cancer Resources is not a branch office of a national organization but was founded in Elkhart County in 1958. Your participation allowed CR to dedicate over \$290,000 to our program helping with planning, emotional support, referrals, wellness programs, and direct financial aid.

**TEAM NAME:** \_\_\_\_\_

**CAPTAIN NAME:** \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone \_\_\_\_\_

**PLAYER 2 NAME:** \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone \_\_\_\_\_

**PLAYER 3 NAME:** \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone \_\_\_\_\_

**PLAYER 4 NAME:** \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone \_\_\_\_\_

SCAN CODE  
TO REGISTER  
ONLINE!



To use your credit card, click [www.elkhartcancer.org/events](http://www.elkhartcancer.org/events) or complete information below:

Credit Card Number \_\_\_\_\_ \$ Amount \_\_\_\_\_

Exp \_\_\_\_\_ CVC (on back of card) \_\_\_\_\_ Phone \_\_\_\_\_ Text?  Yes  No

Credit Card Billing Name and Address, required \_\_\_\_\_

Make check payable to: CANCER RESOURCES and mail to: 23971 U.S. Highway 33, Elkhart IN 46517  
Questions? Call Peter Norton at Cancer Resources (574) 875-5158 or pnorton@elkhartcancer.org