



6th Annual John P. Wirbal Memorial Golf Tournament

to benefit

**The Nashua Pastoral Care Center
Monday, June 9, 2008
Nashua Country Club**



TOURNAMENT SCHEDULE

11:30 am	Registration/Driving Range Opens
12:00 pm	BBQ Lunch
1:00 pm	Shotgun Start
5:00 pm	Reception & awards presentation immediately following the tournament

Format: Scramble; based on the Buick Handicap System. Trophies & prizes for gross & net!

Entry Fee: \$175 per person/\$700 per team. Includes greens fees, golf carts, driving range, BBQ lunch, reception with heavy hors d'oeuvres & awards presentation.

Entry Deadline: Friday, May 30, 2008

**DON'T FORGET TO GET YOUR CARE CARD!
WE HAVE ONE OF THE BEST PRIZE PACKAGES OF ANY TOURNAMENT IN THE AREA!**

THE CARE CARD *Only \$25!*



EVERY PLAYER WHO PURCHASES A CARE CARD RECEIVES:

One mulligan • Participation in contest holes • Raffle entry, with a chance to win: golf gear & accessories, golf lessons, gift certificates to area restaurants, and much more!

Sponsorship opportunities are also available, and some include a foursome! For more information please contact Jackie Clancy at: (603)886-2866 x13 or email jclancy@nashuanpcc.org

2008 Gold Partner



2008 Silver Partner



2008 Silver Partner



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Notes - Solutions - Information - Products - Service

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REGISTRATION FORM

SIGN UP AS AN INDIVIDUAL OR AS A TEAM.

Please complete the entry form below and return it along with the appropriate payment to The Care Center. If you are registering as an individual player, we will assign you to a team. If complete player information is not available when you register your team, you may reserve a spot using the captain's contact information and remitting payment in full. The Care Center is a 501(c)3 tax-deductible organization.

Each foursome will be given a handicap based on the Buick Scramble Handicap System. Gross and net prizes will be awarded. Please provide an estimated handicap or average score for each player; this information can be adjusted tournament day.

Fee is \$175 person or \$700 per foursome. Care Card is an additional \$25 per person

TEAM NAME/COMPANY NAME _____

PLAYER	MAILING ADDRESS	PHONE #	HANDICAP	AVG. SCORE	ENTRY FEE \$175/PERSON	CARE CARD (<input checked="" type="checkbox"/>)\$25/PERSON	TOTAL PER PERSON
CAPT.							
2							
3							
4							

TEAM TOTAL

Enclosed is my check payable to **NPCC** in the amount of \$ _____

Please charge my: VISA MASTERCARD AMERICAN EXPRESS DISCOVER
ACCOUNT NUMBER _____ EXP. DATE _____

SIGNATURE _____

Please send me sponsorship information

Please mail this completed form and your payment to:

The Care Center, 7 Concord Street, Nashua, NH 03064

For more information contact Jackie Clancy at: 603-886-2866

jclancy@nashuanpcc.org