



10th Annual
BISHOP'S CHARITABLE GOLF TOURNAMENT

Monday, June 10, 2024 | 18 holes | Start at 12:00 p.m.

Territory Golf Club

480 55th Ave SE, St Cloud, MN 56304

Greetings!

On June 10th, the Catholic Foundation will host the 10th annual Bishop's Charitable Golf Tournament at Territory Golf Club, with proceeds going to our Seminarian Education Endowment Fund. We invite you to join Bishop Neary for 18-holes of golf, hole contests, a boxed lunch, prizes, and dinner.

Please support seminarians in the St. Cloud diocese with a sponsorship, by gathering a team of 4, or by joining us as an individual golfer.

The following outlines the many ways you can participate:

- BE A PLATINUM SPONSOR - \$2500 (includes 3 teams of 4)
- BE A GOLD SPONSOR - \$1500 (includes 2 teams of 4)
- BE A SILVER SPONSOR - \$750 (includes 1 team of 4)
- SPONSOR A HOLE - \$250 (signage at one hole)
- BRING A FOURSOME TO GOLF - \$400
- BRING YOURSELF TO GOLF - \$100
- PURCHASE A WRISTBAND TO PLAY GAMES ON THE COURSE - \$30 per person
- PURCHASE A TEAM MULLIGAN (x2) - \$20 per team for two mulligans
- MAKE A CASH DONATION

To register, simply fill out the enclosed registration form and return it to the Catholic Foundation by Tuesday, May 28, 2024, or register online at: www.catholicfoundation.info.

Questions?

Email office@catholicfoundation.info or call (320) 258-7653.



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Join us for 18 holes of golf with a shotgun start at noon. A boxed lunch and dinner will be provided.

Registration Deadline: May 28, 2024

Sponsorship Registration:

- ___ Platinum sponsorship (4 players): \$2,500
- ___ Gold sponsorship (4 players): \$1,500
- ___ Silver sponsorship (4 players): \$750
- ___ Hole sponsorship: \$250

Individual/Team Registration:

- ___ Team of 4 players: \$400
- ___ Individual golfer: \$100
- ___ Wristband (5 games along the course): \$30
- ___ Team Mulligan (x2) \$20

Team name: _____

Team captain: Name: _____ Phone: _____

Email: _____

Player 2: Name: _____ Phone: _____

Email: _____

Player 3: Name: _____ Phone: _____

Email: _____

Player 4: Name: _____ Phone: _____

Email: _____

Sponsorship	\$ _____
Team	\$ _____
Individual golfer	\$ _____
Wristbands	\$ _____
Team Mulligan	\$ _____
Donation	\$ _____
Total	\$ _____

Check Payment

Please make checks payable to *The Catholic Foundation*.

Credit Card Payment

Name on Card: _____

Card # _____ Exp. _____ 3-digit Code _____

Billing Address: _____ Zip Code: _____

Please return your registration with payment to: The Catholic Foundation 207 7th Ave N Saint Cloud, MN 56303

To register online, visit: www.catholicfoundation.info