

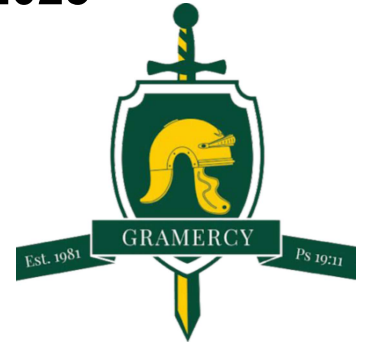
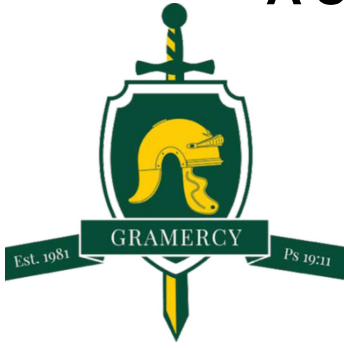
A Swing and a Prayer Golf Classic 2025

Friday, October 24, 2025

Carolina Colours Golf Club

11:00 SHOW TIME

12:00 SHOTGUN START



AWARDS AND

- CASH PRIZES FOR LOW GROSS AND LOW NET TEAM
- CLOSEST TO THE PIN: 2 HOLES
- LONGEST DRIVE/STRAIGHTEST DRIVE
- 50/50 RAFFLE

COST

- \$400/TEAM, \$100/PLAYER
- INCLUDES CART, GREENS FEES, LUNCH, DINNER AND RANGE ACCESS WITH BALLS, GOLF MEMORABILIA
- PARTICIPATION IS LIMITED TO THE FIRST 22 TEAMS

RED TEES, MULLIGANS, PUTTING CONTEST AND OTHER ITEMS AVAILABLE FOR PURCHASE

RULES: ALL USGA AND LOCAL RULES APPLY WITH THE FOLLOWING EXCEPTIONS:

A. FORMAT: SUPERBALL. Men under 65 must tee off from the white tees on each hole, men over 65 may use gold tees and women may play from the red tees on each hole.

Note: Team handicaps will be based on individual handicaps.

B. A ball lying through the green may be lifted and cleaned (without penalty) and placed within one club length of where it originally lay (not nearer the hole or out of a hazard). This is to preserve, as nearly as possible, the stance required to play from the original lie.



A Swing and a Prayer Golf Classic 2025



White Sponsorship

\$550

4 Person Team

Tee Box

Green Sponsorship

\$650

4 Person Team

Sign Pin Flag to Keep

Gold Sponsorship

\$750

4 Person Team

Tee Box

Pin Flag to keep

Contest Sponsorship

\$1,000

4 Person Team

Tee Box

Pin Flag to keep

Sponsor on Golf Towel

If you would like to sponsor without entering a team you may purchase the following:

-Pin Flag to keep: \$300

-Tee box sign: \$175

Sponsor/Company Name: _____

Player/Team Registration Form

Team Member

Handicap or Avg Score

Point of Contact: _____

Phone Number: _____ **Email:** _____

Please return to: Gramercy Christian School @ 8170 Hwy 70 Newport, NC 28570

Email: Warrior.Club@gramercychristian.org

Payment Options:

- Check Enclosed "Gramercy Christian School" (Memo: Golf Tournament)
- Pay Online: <https://gramercychristian.org/donate-pay/>
- Visa/Mastercard/Discover/American Express

Card#: _____

Name on Card: _____

Billing Address: _____ Zip Code: _____

Signature: _____

Exp Date: ____/____ CVC: ____