



**24th Annual St. Vincent de Paul
Jim Altenhofen Memorial
Golf Tournament
August 18, 2017**



Team Scramble Format

Lunch at 11:30 a.m.

Shotgun start at 12:30 p.m.

Glendoveer Golf Course

14015 NE Glisan St. Portland, OR

**ENTRY FEE: \$100 per
player***

**Includes: 18 holes of golf
Golf cart
Lunch
BBQ dinner
Prizes and more**

**Following golf & dinner
there will be a brief
presentation to recognize
participants, sponsors,
volunteers, golf award
winners, & raffle prize
winners.**



HAVE FUN -----HELP OTHERS

**Proceeds from this year's
golf tournament will go
toward the SVdP Emergency
Services Program -helping
needy individuals and
families with rent and utility
bill payment assistance.**

ENTRY FEE: \$100 per player *Registration deadline is August 11, 2017.

After the deadline, the entry fee is \$120 per player.

Please complete and detach the form below and enclose with your payment.

(If paying for group, please include names/addresses, etc. for each player.)

Mail to SVdP at P.O. Box 42157, Portland, OR 97242-0157.

I will not be able to play but wish to donate to the SVdP Golf Tournament: \$ _____

PAYMENT METHOD Total amount enclosed: \$ _____

Check _____: Make payable to St. Vincent de Paul

Credit Card _____: Fill out information below.

Visa/Master Card Number: _____

Full name on the card: _____

Address: _____

Signature: _____

Expiration date: _____ Security Code: _____

Thank you for your support!



24th Annual St. Vincent de Paul
Jim Altenhofen Memorial Golf Tournament
August 18, 2017

ENTRY FEE: \$100 per player *Registration deadline is
August 11, 2017. After the deadline, the entry fee is \$120 per player.

To register email brian.f@svdppdx.org, or mail form with check to the address below.
For more information call Brian Ferschweiler at 503-234-5287.

REGISTRATION FORM (Please detach and enclose with your payment)

INDIVIDUAL PLAYERS

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Email: _____

Total number of players: _____ X \$100 per player: \$ _____

I (we) will not be able to play but wish to donate to SVdP Portland Council's 24th Annual Golf
Tournament: \$ _____

Total amount enclosed: \$ _____

PAYMENT METHOD

Check _____: Make payable to St. Vincent de Paul

Credit Card _____: Fill out information below.

Visa/Master Card Number: _____

Full name on the card: _____

Address: _____

Signature: _____

Expiration date: _____ Security Code: _____

Mail completed form to SVdP at P.O. Box 42157, Portland, OR 97242-0157

Thank you for your support!



**24th Annual St. Vincent de Paul
Jim Altenhofen Golf Tournament
Friday, August 18, 2017 (12:30 start)**

Sponsor Form

Sponsorship deadline: August 11, 2017

Name of Contact: _____

Title: _____

Company: _____

Address: _____

C/S/Z: _____

Phone: _____

Email: _____

Website: _____

Company name for signage: _____

Company slogan for signage: _____

_____ Dinner Sponsor (\$2,500)

_____ Hole Sponsor (\$300)

_____ Lunch Sponsor (\$2,000)

_____ Hole/Program Sponsor (\$600-business card size ad)

_____ Cart/Drink Sponsor (\$1000)

_____ Hole/Program/Golf Foursome Sponsor (\$800)

Method of payment: _____ check enclosed (payable to St. Vincent de Paul)

Visa/MasterCard/AMEX/Discover number: _____

Expiration date: _____

Security code: _____ (3 digits on back of card)

Signature: _____

Date: _____

**Thank you for your sponsorship of the
2017 St. Vincent de Paul Golf Tournament!**

For additional information or questions, please call Brian Ferschweiler at work: 503-234-5287, or cell: 503-481-8559, or email: brian.f@svdppdx.org.