



***Tournament Fee:**
\$300 Per Team
\$75 Per Player

Registration & Lunch:
11:00 am

Shotgun Start:
12:00 pm

Awards & Food:
Immediately After Play

Prizes:

\$1,000 in CASH prizes to
Top 2 Net and Gross Teams PLUS great door prizes!

***Fee includes :**

Mulligan, Grenade Lob
and Red Tee Package

\$20,000 HOLE IN ONE CONTEST

Beverage Stations Sponsored by:



This event is made possible by
the generous support of our
2023 Partner/Sponsors!

Platinum: Acquisition Title & Settlement Agency, Inc - ALCOVA Mortgage, LLC - American National Bank & Trust Company - Atlantic Bay Mortgage Group - Freedom First Credit Union - Guaranteed Rate - Guild Mortgage - Member One Federal Credit Union - Movement Mortgage, LLC - SWBC Mortgage Group - Union Home Mortgage - Virginia Title Center, LLC - Virginia Varsity Transfer & Self Storage - **Diamond** - Colonial Title & Settlement Agency, LLC - Truist - Virginia Mountain Mortgage - **Gold** - Bank of the James - Bill Meador Insurance - Carter Bank & Trust - Consolidated Construction Services, Inc. - CRS Data - First Bank - First Choice Title & Settlement - First Citizens Bank - Pillar to Post Home Inspections - Priority Title & Settlement, LLC - **Silver** - Bailey Insurance Group - Calvert Home Inspections, LLC - Cinch Home Services - CrawlSpace Care - Embrace Home Loans - OVM Financial - Seal-Tite Basement Waterproofing Co. - Virginia Housing - VIA Insurance Agency, LLC

Golf Tournament Registration Form

Return this form by e-mail, fax or mail by September 1st

Name: _____ Handicap or Avg. Score _____

Company: _____ Phone: _____

E-mail Address: _____

☐ Add me to any foursome

☐ Here's the rest of my team:

Name: _____ Handicap or Avg. Score _____

E-mail address: _____

Name: _____ Handicap or Avg. Score _____

E-mail address: _____

Name: _____ Handicap or Avg. Score _____

E-mail address: _____

☐ Check enclosed (payable to RVAR)

☐ Please bill my credit card

Cardholder Name _____

Card # _____

Expiration Date ____/____ Billing Zip Code _____ 3 digit code on back _____

Billing Address _____



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