

# You Are Invited

*20<sup>th</sup> Annual Friends of NWC Charity Golf Classic  
In Memory of Ray Moss and Bobby Griggs  
Twin Hills Golf & Country Club, N. E. 36th and I-35  
Tuesday, September 5<sup>th</sup>, 2023 • 7:30AM Register & 9:00AM shotgun  
Includes: Green Fees, Carts, Lunch, Range Balls and Awards*

*\$100.00 Per Player*

All profits from this event go directly to benefit Northwest Classen Students and Teachers.  
Thanks to our alumni this event is affordable to all that desire to play Twin Hills.  
Donations are a key element to the success of Friends of Northwest and NWC  
**Please Donate!**

To find out more, call or go to our website: [nwcfriends.org](http://nwcfriends.org)  
Tom Cheatham 913-488-2813 [nwcfriends@gmail.com](mailto:nwcfriends@gmail.com) / <http://www.nwcfriends.org>

Make Checks Payable: Friends of NWC / P O Box 20972 / Oklahoma City, OK 73156  
Credit cards acceptable or register online.

*(Please complete & return bottom portion with payment)*

## REGISTRATION

Event	<input type="checkbox"/> \$1,000 <b>Silver Sponsor</b> <i>(Includes 1 Golf Team Registration, 1 Sponsor sign, 1 Hole Sign)</i>
	<input type="checkbox"/> \$ 500 <b>Friend</b> <i>(Includes, 1 Sponsor sign, 1 Hole sign)</i>
	<input type="checkbox"/> \$ 300 <b>Golf Hole Sponsor</b> <i>(1 Hole sign)</i>
	NAME TO LIST ON SPONSOR SIGN _____
	I would like to purchase 3 mulligans for \$10: _____ Quantity X \$10 _____ Total (limit 4 sets per team 12 total)
Golf Registration	<input type="checkbox"/> \$ 100.00 <b>Individual Golf Registrations</b> = \$ _____ <i>(Includes green fees, cart, lunch, and award ceremony)</i>
	TEAM CONTACT _____ Phone/Email _____
	Player #1 _____ Phone/Email _____
	Player #2 _____ Phone/Email _____
	Player #3 _____ Phone/Email _____
	Player #4 _____ Phone/Email _____
	Cannot participate in the events, but I want to make a contribution of \$ _____
Contact	NAME _____ ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	PHONE _____ EMAIL _____

Credit Card  VISA  MC  AMEX  DISCOVERY CARD # \_\_\_\_\_  
EXP DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_ BILLING ZIP \_\_\_\_\_