



Southwest
Charlotte
Association

Business • Residents • Community

2025 Annual Golf Tournament

at

The Palisades Country Club

13704 Grand Palisades Pkwy • Charlotte, NC 28278

Monday, October 27, 2025 • 9:30 am Shotgun Start • Captain's Choice

"Proceeds go toward Educational Outreach"

Title Sponsor:



Premier Sponsor:



Registration—Check One:

	Member	Non Member
<input type="checkbox"/> Premier Sponsor 8 golfers, booth at hole and logo on event banner & signs	\$2,500	\$2,700
<input type="checkbox"/> Gold Sponsor - 4 golfers, booth at hole and logo on event banner	\$1,500	\$1,700
<input type="checkbox"/> Silver Sponsor - 4 golfers and booth at hole	\$ 750	\$ 800
<input type="checkbox"/> Eagle Sponsor - 2 golfers and booth at hole	\$ 550	\$ 600
<input type="checkbox"/> Hole Sponsor - Booth at hole (Only)	\$ 375	\$ 475
<input type="checkbox"/> Hole In One Sponsor - 4 spots available #4, #8, #10, #13	\$ 250	\$ 275
<input type="checkbox"/> Hole Sign Sponsor - Sign at hole (Only)	\$ 200	\$ 225
<input type="checkbox"/> Team (4 golfers)	\$ 500	\$ 600
<input type="checkbox"/> Birdie Player (1 golfer)	\$ 125	\$ 150
<input type="checkbox"/> Mulligan Package (2 Mulligans per player, 4 Raffle Tickets)	\$ 30 each x _____ = _____	
<input type="checkbox"/> Beverage Sponsor		

Lunch Sponsored By



PLAYER PACKAGE INCLUDES: Green fees, cart rental, lunch,
Hole sponsors to provide snack and beverages



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Monday, October 27, 2025

Registration(print clearly) The Palisades Country Club / 9:30 am Shotgun

SWCA Member

☐ Yes ☐ No

Player (1) Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

MUST PROVIDE EMAIL ADDRESS

Other Players

2. _____ Email _____

3. _____ Email _____

4. _____ Email _____

Email addresses must be included for all players

Payment Options(check one)

☐ **Invoice**(May pay online)

☐ **Check Enclosed:**

Please make check payable to:

**Southwest Charlotte Association
or Arrowood Business Association**

P O Box 7601
Charlotte, NC 28241

☐ **Credit Card** (Visa or Mastercard Only)

Credit card number _____

Amount: \$ _____ Exp. Date _____ 3 digit security code _____

Name as it appears on credit card

Billing Address

City

State

Zip

Signature

Date

- **Registration & Sponsor Deadline
October 20th, 2025**

- **Player names submitted by Oct. 23rd
Final payment due on or before Oct. 23rd**

Email registration forms to tammywadebeach@gmail.com
Questions? Contact Tammy Wade at 704-904-0650.

Once forms are emailed to Tammy, she will send an invoice for payment online.