

LOCATION



**CAPITOL[®]
COMMISSION**

Reaching Capitol Communities for Christ[®]

Brier Creek

Country Club

An Arnold Palmer Signature

Golf Course

*Offers challenging play for
golfers at every skill level.*

9410 Club Hill Drive
Raleigh, NC 27617
Phone: (919) 206-4650



Thank you!

*Your participation in the
Capitol Commission Celebration
Breakfast & Golf Classic helps
underwrite the ministry expenses
of North Carolina
Capitol Commission ministry.*



Monday, June 11, 2018

Celebration Breakfast & Golf Classic

Brier Creek Country Club

REGISTRATION INFORMATION

\$150 ENTRY FEE PER PLAYER INCLUDES:

- ◆ Celebration *Breakfast Buffet*
- ◆ Chip and Putt, Range Balls
- ◆ Cart and Greens Fee
- ◆ Door Prizes
- ◆ Golf Goody Bag
- ◆ On-course **Beverages**
- ◆ *Replay Certificate*
- ◆ Golf Shirt

50% of the proceeds from the entry fee go to the ministry of Capitol Commission

Corporate sponsorships of the annual golf tournament do not constitute gifts to the legislators who pay to play in the tournament and, therefore, do not violate the prohibition on gifts to legislators (N.C. Gen. Stat. § 120C-303).

Capitol Commission has received guidance from both legal counsel and the North Carolina Ethics Commission on this issue.

ONLINE REGISTRATION

www.capitolcom.org/north-carolina

Questions may be directed to:

Capitol Commission

Phone: (919) 218-4210

Text: (919) 218-4210

Info.nc@capitolcom.org

REGISTRATION FORM

Register **ONLINE** at
www.capitolcom.org/north-carolina

Team Name: _____
(Church, Sponsor, Company or Team)

Captain: _____ \$ _____

Address: _____

Phone: _____ **Handicap:** _____

E-Mail: _____

Captain Golf Shirt Size: **S** **M** **L** **XL** **XXL**

Player 2: _____ \$ _____

Address: _____

Phone: _____ **Handicap:** _____

E-Mail: _____

Player 2 Golf Shirt Size: **S** **M** **L** **XL** **XXL**

Player 3: _____ \$ _____

Address: _____

Phone: _____ **Handicap:** _____

E-Mail: _____

Player 3 Golf Shirt Size: **S** **M** **L** **XL** **XXL**

Player 4: _____ \$ _____

Address: _____

Phone: _____ **Handicap:** _____

E-Mail: _____

Player 4 Golf Shirt Size: **S** **M** **L** **XL** **XXL**

PLEASE NOTE:
Individual registrants will
be placed on a team.

Total Enclosed: \$ _____

Register & pay online by **June 7 or**

Mail this registration by **May 31** with your check to:

Capitol Commission - NC
2600 Fairview Rd | Suite 200
Raleigh | NC | 27608