

**PINELLAS COUNTY OSTEOPATHIC MEDICAL SOCIETY
33rd ANNUAL PCOMS
STUDENT SCHOLARSHIP GOLF TOURNAMENT**

Date: Saturday, October 16, 2021
Time: 1:00 P.M. Tee-Off-Shot Gun Start
Format: Scramble
Place: Bayou Golf Club

**Entry Fee: \$80.00
Includes: Golf Cart, Greens Fees, Lunch & Awards**

**Trophies for: *First Two Teams *Longest Drive *Closest to the Pin*
*Door Prizes***

ENTRY FORM

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____ **PHONE:** _____

My foursome will also include: 2. _____

3. _____ **4.** _____

Please make checks payable to Pinellas County Osteopathic Medical Society or PCOMS, and mail completed form to:

**PCOMS
2366 Sunset Point Road
Clearwater, FL 33765**

If you wish to pay by credit card, please call our office at 727-581-9069.

or email form to admin@pcomsociety.com

SPONSOR INFORMATION FORM

- _____ Yes! I would like to be a sponsor for the 33rd Annual PCOMS Student Scholarship Golf Tournament
- _____ Golf Sponsor - \$500
Receives: Entry fees for 4 players, hole sponsor signage, recognition in PCOMS publications, awards presentation, and lunch for four.
- _____ Advertisement - \$300
Receives: Full page advertisement in golf publication and recognition in PCOMS News.
- _____ Hole Sponsor - \$200.00
Receives: Entry fee for 1 player, hole sponsor signage, recognition in PCOMS publications, awards presentation, and lunch for one.
- _____ Preferred Player - \$150
Receives: Entry fee for 1 player, recognition in PCOMS news publication, awards presentation, and lunch for one.

NAME: _____

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