THE 17TH ANNUAL CINDY TALCOTT MEMORIAL





Pleased to support the work of Helping Hands as a Sponsor for The Cindy Talcott MemorialGolf Tournament July 15, 2023 at the sponsorship level listed below: () Premier Sponsor of \$5,000+ () Major Sponsor of \$1,000 () Eagle Sponsor \$500 () Birdie Sponsor \$250 () Par Sponsor \$100 () Prize donation of My check in the amount of \$ is enclosed. Or contact me on or about the following date to receive payment:, 2023. Please make checks payable to: Helping Hands of Potsdam and mail to: Helping Hands of Potsdam, NY, c/o Tom Butcher at PO Box 92, Hannawa Falls, NY 13647 (envelope enclosed). *() I would like my support to remain anonymous All sponsors, unless otherwise requested*, will be recognized by giving levels in tournament programs and publicity materials. Premier, Major, Eagle, and Birdie sponsors will appear on signs displayed on the tournament holes. Name:	Bus	siness/Individual Name:		IS	
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On behalf of all those who benefit from the work of Helping Hands, thank you! Cindy Talcott Memorial Golf Tournament Committee 315-268-0633

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BENEFITING HELPING HANDS OF POTSDAM

HELPING HANDS TEAM REGISTRATION FORM



Helping Hands provides compassionate assistance for those in emergency situations including help with food, heat, utilities and furniture. Helping Hands offers this help, not as a hand-out but as a hand up.

Please note that this tournament also serves as a Food Drive for Helping Hands. Help fill the pantry with your donation of a non-perishable food items). Date: Saturday, July 15, 2023 (entry deadline July 6th) Time: Registration @ 8:00 a.m. - Shotgun Start @ 9:00 a.m. Location: Potsdam Town and Country Club, Potsdam, NY 13676 EARLY BIRD SPECIAL: \$80.00 per person IF PAID by June 15, 2023 Cost: \$90.00 per person ifpaid after June 15, 2023. 4 person - Captain and Crew Format: Men ____ Women ___ Mixed ___ Senior (all players 65+) ___ Flight: Team Name: _____ Please list players below with as much information as possible Captain: _____ Phone: ____ Email: _____ Email Mailing Address: _________ Name: _____ Phone: ____ Email: _____ Email Name: _____ Phone: ____ Email: _____ Email

Please make checks payable to: Helping Hands of Potsdam

Name: _____ Phone: ____ Email: _____ Email

Helping Hands of Potsdam
c/o Tom Butcher
PO Box 92
Hannawa Falls, NY 13647
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