

*16th annual*  
**hope&caregolf**  
*tournament*

The Bland Ministry Center Board of Directors invites you to attend the  
**16th annual Hope and Care golf tournament.**

Friday, September 24, 2021

8:30am registration

9:00am shot gun start

Fincastle on the Mountain

1000 Country Club Drive

Bluefield, VA 24605

Opportunities to Participate:

**Sponsors**

\$50 Hole Sponsor

\$100 Corporate Sponsor

Door Prize

**Golfers**

\$65/golfer

\$260/foursome

\$5 mulligans, throws, and red tees

Hole Sponsors will have business information featured at the tees

Corporate Sponsors will have business information featured at check-in, in grab bags going home with each player, as well as the opportunity to add a branded item to each bag

BMC works with people in Southwest VA and southern WV to help meet physical and spiritual needs. Proceeds from this tournament will go towards material for our fall home repair and handicap accessibility projects



**Bland Ministry Center**

FOOD PANTRY • CLOTHES CLOSET • DENTAL CLINIC • HOME REPAIR

[www.blandministrycenter.org](http://www.blandministrycenter.org) | [dhoosier@blandministrycenter.org](mailto:dhoosier@blandministrycenter.org)

(276)688-4701 | PO Box 211; Bland, VA 24315

Tax ID: 54-1556134

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## Registration Form

Donor Classification:  
(please check one)

Player Registration:

|                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | HOLE \$50       |
| <input type="checkbox"/> | CORPORATE \$100 |
| <input type="checkbox"/> | DOOR PRIZE      |

| NO        | PLAYER NAME |
|-----------|-------------|
| 1         |             |
| 2         |             |
| 3         |             |
| 4         |             |
| TEAM NAME |             |

Donation/Registration fee includes green fees, cart, grab bag, and catered lunch from Fincastle Country Club. Mulligan, red tee, and throw tickets are each available for purchase at an additional \$5 per ticket.

### CHECKS PAYABLE TO BLAND MINISTRY CENTER

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete and return no later than Sept 10, 2021 to:



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