



Thank You!

Join Us

You're Invited!

*Friday July 23rd, 2010
1:00 pm shotgun start*

*Port Royal Golf Club
10 Clubhouse Dr
Hilton Head, SC 29928*

**We would like to send
a special thank you to
all our sponsors.**

**You make this event
possible year
after year.**

*Please fill out and
return the enclosed entry
form to join us for the
Golf Tournament!*

See Inside for More Details



*26th Annual
Prosthodontics
for General Practitioners
Hilton Head*

Golf Tournament

*Friday July 23rd, 2010
Port Royal Golf Course
Hilton Head Island, SC*



Golf Tournament

Winning Categories

ENTRY FORM

The Tournament will be held at Port Royal Golf Club again this year. Located at the Westin Resort. We will begin at 1:00 with a shotgun start.

The format will be Captain's Choice. All golfers will be placed into 3 or 4 player teams. This will be a typical "scramble" format and all golfers will have a mulligan package. This gives each of them 2 mulligans and 1 "Ladies Tee." Mulligans and Ladies Tees are used at player's / team's discretion.

None of these special features can be utilized on any Par 3.

1st - 3rd Teams - Best Team Score

Longest Drive (Men's & Ladies)

Longest Putt

Closest to the Pin (Men's & Ladies)

HOLE IN ONE (all Par 3's)

Entry Fee

Prizes

The entry fee will be \$85.00 per player.
(check only please)

This includes:
18 Holes of Golf
Cart Rental
Mulligan Package
Range Balls Before Round

Include... Dental Products & Materials, Golf Equipment, plus other exciting prizes valued at Over \$10,000 will be distributed to the winning categories. A complete list will be on display at the meeting.

\$10,000 Cash! Grand Prize
Any golfer who makes a hole-in-one on the designated hole will receive **\$10,000!**

Grand Prize offered by:



Name: _____

Desired Playing Partner(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ **HDCP:** _____
(For pairing purposes, if you do not have a handicap established, please give average score of last few rounds played)

\$85.00 ENTRY FEE

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To Enter:
Detach and Mail this Form to Drake Precision Dental Lab along with the \$85 entry fee (check only please).

Make Checks Payable To:
Drake Precision Dental Lab

Mail To:
Drake Precision Dental Lab
PO Box 30063
Charlotte, NC 28230
Attn: Tracy Ballard