## WARRIORS WRESTLING

# Athletic Golf Outing Supporting Men's and Women's Wrestling



### Schedule of Events:

12:30 p.m. Registration

Putting Green Open

**Bucket of Range Balls** 

1:30 p.m. Shotgun Start

5:00 p.m. Buffet Dinner

**Prizes** 

#### **Format:**

Four person scramble. Create your own team or sign up as a single golfer and we will complete a team for you.

- Longest Drive Contests
- Closest to the Pin Challenge

### Golf Registration is \$125 per golfer

To register, please visit www.esufoundation.org/warriorgolfoutings (if paying by check, see reverse)

Proceeds benefit The ESU Men's and Women's Wrestling Programs

#### **Contact:**

Anibal Nieves - Head Wrestling Coach East Stroudsburg University 570-422-3313 anieves2@esu.edu

Directions: www.shawneeinn.com/get-directions



Notice of Nondiscrimination: East Stroudsburg University of Pennsylvania is committed to equal opportunity for its students, employees and applicants. The university is committed to providing equal educational and employment rights to all persons without regard to race, color, sex religion, national origin, age, disability, sexual orientation, gender identity or veteran's status. Each member of the university ommunity has a right to study and work in an environment free from any form of racial, ethnic, and sexual discrimination including contact information, can be found on the university's website at: http://www4.esu.edu/titleivi/). In accordance with federal and state laws, the university will not tolerate discrimination.





**GOLFER NAMES AND CONTACT INFORMATION:** 

East Stroudsburg University

200 Prospect Street, East Stroudsburg, PA 18301

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ESU Foundation - Wrestling

Please use this form only if paying by check • All others - www.esufoundation.org/warriorgolfoutings

Name:	Phone Number:
Address:	
1. Teammate:	Email:
2. Teammate:	Email:
3. Teammate:	Email:
TOURNAMENT REGISTRATION:	
(#) Golfers @ \$125 Each	\$
(#) Lunch ONLY @ \$25 Each	\$
Sponsorship Contribution	\$
My Additional Contribution to ESU Wrestling	\$
TOTAL AMOUNT ENCLOSED	\$
SPONSORSHIP REGISTRATION:	
(#) Green Sponsors @ \$100 Each (#) Business Name: Address:	•
	Email:
Contact:	
Tee Sign to Read:	
PAYMENT INFORMATION:	
<b>PLEASE NOTE:</b> use this Registration Form only if paying by credit card, please visit www.esufounda	
Name(s):	Email:
I have enclosed my check for: \$	
Please Remit Payment To: ESU Foundation	Checks should be made payable to:

If you are unable to attend and would like to make a contribution, please forward your check to the address listed above.