

DANNY WILLIAMS MEMORIAL GOLF TOURNAMENT

FRIDAY, AUGUST 1, 2025

MT. HOOD GOLF CLUB

100 Slayton Road, Melrose, MA 781 665-6656

SCHEDULE

7:00 am..... Sign-in at the club house
 8:00 am..... 18-hole scramble, shot gun start
 ~1:00 pm Lunch buffet served following golf
 Prizes and raffles after lunch

SPONSORS AND DONATIONS

Hole sponsors..... \$200. per hole
 Name / advertisement on tee box

Raffle prize donations will be greatly appreciated.

NOT A GOLFER?

Join us for lunch...\$45.

REGISTRATION INFORMATION

\$175. per player
 Includes golf, carts, and lunch

Please return the Registration Form with payment for all golfers by July 1, 2025.
 Players may register individually or as a team.
 Singles / doubles will be assigned to a team.

144 PLAYER MAXIMUM

Registrations with payment will be accepted in the order in which we receive them.

Additional information and registration forms can be found on the web site.

www.dannywilliamsgolf.org



REGISTRATION FORM

Please provide complete information for every player you are registering. Additional information and updates may be sent via email, so be sure to include each player's email address.

PLAYER #1 / PRIMARY CONTACT:

Name _____
 Street Address _____
 City/State/Zip _____
 Email _____
 T-shirt Size (Adult/Unisex): S M L XL XXL XXXL

PLAYER #2

Name _____
 Street Address _____
 City/State/Zip _____
 Email _____
 T-shirt Size (Adult/Unisex): S M L XL XXL XXXL

PLAYER #3

Name _____
 Street Address _____
 City/State/Zip _____
 Email _____
 T-shirt Size (Adult/Unisex): S M L XL XXL XXXL

PLAYER #4

Name _____
 Street Address _____
 City/State/Zip _____
 Email _____
 T-shirt Size (Adult/Unisex): S M L XL XXL XXXL

PAYMENT

Player: (golf, cart, lunch): \$175. ea..... \$ _____

Lunch Guest: \$45. ea \$ _____

Donor: I am unable to attend, but
 I would like to make a contribution \$ _____

Hole Sponsor: \$200. per hole..... \$ _____

HOLE SPONSOR

Name _____
 Street Address _____
 City/State/Zip _____
 Phone () _____
 Email _____

Please check the appropriate box to indicate what you would like on your sponsorship sign:

- ☐ I will email my camera-ready logo or complete advertisement to info@dannywilliamsgolf.org
☐ Please display the following on sign:

Payment enclosed **Total \$** _____

Please make all checks made payable to:
 Danny Williams Memorial Golf Tournament

RETURN WITH PAYMENT BY JULY 1, 2025:

Danny Williams Golf Tournament Committee
 c/o The Williams family
 31 Hesseltine Ave
 Melrose, MA 02176

QUESTIONS?

Send an email to info@dannywilliamsgolf.org
 (Photocopies of this form may be used.)