

**Celebrating 30 Years!**

# 2025 GOLF BLAST

## 30<sup>TH</sup> ANNUAL & ELZIE MORRIS MEMORIAL

Heritage Oaks Golf Course

(Harrisonburg, VA)

7:30am Check-In

(putting contest, mulligans, gimme strings,  
throws, red tees, warm-up, muffins, coffee)

8:30am Shotgun Start

1:30pm Lunch, Prizes

**SAT, SEPT 6TH**

**\$105 per golfer**

(green fees, riding cart, snacks,  
drinks, prizes, lunch, & polo shirt!)

**\$10 lunch only**





## Golfer Entry Form - Registration deadline is August 29<sup>th</sup>.

**Tournament Format:** Best ball scramble.

**Flights:** Three based on final scores.

**Prizes:** 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place based on the lowest scores in each flight, as well as longest drive, closest-to-the-pin, and putting contest. Ties will be broken by counting low scores backwards from the 18<sup>th</sup> hole.

**Cost:** \$105 per golfer (green fees, cart, snacks, drinks, prizes, lunch, shirt)

**Registration:** Complete ALL information below for each golfer.

Team Contact Person: \_\_\_\_\_ Shirt Size: AS AM AL AXL A2XL A3XL

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Player: \_\_\_\_\_ Shirt Size: AS AM AL AXL A2XL A3XL

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Player: \_\_\_\_\_ Shirt Size: AS AM AL AXL A2XL A3XL

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Player: \_\_\_\_\_ Shirt Size: AS AM AL AXL A2XL A3XL

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Lunches Only: # \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_

TOTAL ENCLOSED: \_\_\_\_\_

## Sponsorship Form

\_\_\_\_\_ \$100 Hole Sponsor

\_\_\_\_\_ \$200 Hole Challenge Sponsor

\_\_\_\_\_ \$500 Birdie Sponsor

\_\_\_\_\_ \$1000 Eagle Sponsor

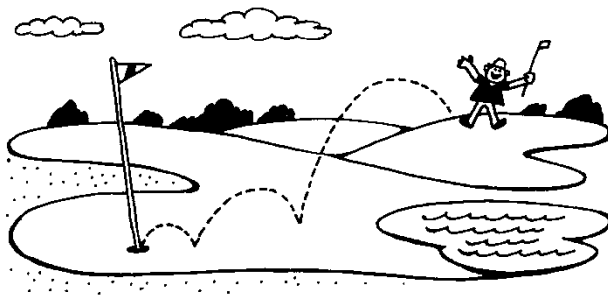
\_\_\_\_\_ \$2000 Eagle Challenge Sponsor

\_\_\_\_\_ Donation to Purchase Prizes \$ \_\_\_\_\_

\_\_\_\_\_ Other/Additional Contribution/Donation Amount \$ \_\_\_\_\_

\_\_\_\_\_ I would like to donate the following prize(s): \_\_\_\_\_

TOTAL ENCLOSED: \$ \_\_\_\_\_



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

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Tee Box Sign Wording (name, company name, etc.): \_\_\_\_\_

in Honor of: \_\_\_\_\_ in Memory of: \_\_\_\_\_

Please make checks payable to Brethren Woods and send with the completed form(s) to:  
Brethren Woods, 4896 Armentrout Path, Keezletown, VA 22832