

SCRAMBLE

at

Pryor Creek Golf Club

Friday, August 12

12:00 p.m. Shotgun Start

Format: Best Ball Scramble

Registration Includes:

18 holes, Golf Cart, BBQ Dinner

Opportunities await for fun & games
with the BC Rams Golf Team

Sponsorship Opportunities:

Hole Sponsors, Flag Prize Sponsor,
Item Donations

*Your Family Reunion
Summer Golf Outing!*



Hosted By:



To register and/or be
a sponsor, contact:

Nikki Burke

406-252-0252

Or email

nburke@

BillingsCatholic

SchoolsFoundation

.org



Registration Form

Enter your team in the 2022 Ram Scramble on Friday, August 12 at Pryor Creek

Register early to secure your spot.

Send forms to: BCS Foundation . PO Box 31158 . Billings, MT 59107

Ram Scramble Entry ___ Single (\$125) ___ Team(\$500) \$_____

Team Information: Maximum handicap allowed - Women - 40 Men - 36

- 1. Name: _____ Handicap: _____
 Address: _____
 City/Zip: _____
 Phone: _____
 Email: _____

- 2. Name: _____ Handicap: _____
 Address: _____
 City/Zip: _____
 Phone: _____
 Email: _____

- 3. Name: _____ Handicap: _____
 Address: _____
 City/Zip: _____
 Phone: _____
 Email: _____

- 4. Name: _____ Handicap: _____
 Address: _____
 City/Zip: _____
 Phone: _____
 Email: _____

Payment Information - Make checks payable to BCS Foundation

___ My Check is enclosed ___ Please charge my credit card
 Visa MasterCard American Express Discover

Card # _____

CVC _____ Exp. Date _____

Name _____

Billing Address _____ **City, St. Zip** _____



Sponsorship Form

Billings Catholic Schools and BCS Foundation are hosting the Ram Scramble on Friday, August 12. We have several sponsorship options available. Please show your support of BCS and BCSF by sponsoring a hole, flag prize or both.

I would like to participate in:

_____ **Hole Sponsorship for Ram Scramble** **\$350.00**
~ Name on sign at Ram Scramble Tournament
~ Name listed in the golf tournament handouts given to all participants
~ Website and email recognition

_____ **Flag Prize Sponsor** **\$100.00**

_____ **Item Donation** **Fair Market Value: \$_____**

Item Description: _____

Total Amount Due: \$_____

Company Name: _____

Contact Name: _____

Address: _____ **City, St. Zip:** _____

Email: _____ **Phone:** _____

Payment Information - Make checks payable to BCS Foundation

___ Check Enclosed ___ Credit Card ___ Please Invoice
 Visa MasterCard American Express Discover

Card # _____

CVC _____ Exp. Date _____

Name _____

Billing Address _____ **City, St. Zip:** _____

For more information contact Nikki Burke at 406.252.0252 or email
nburke@billingscatholicschools.org

Proceeds support the Billings Catholic Schools