

# Sheriff Whidden invites you to the

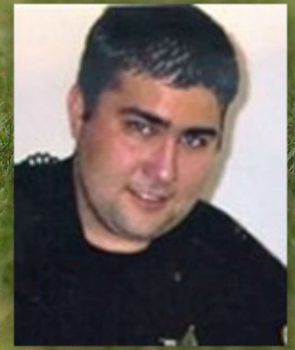
## 13th Annual

### Deputy Brian Haas Memorial Golf Tournament

**Saturday, January 13, 2024**

Registration 8am—Shotgun Start 9am

*J. Nelson Fairbanks*  
Clewiston Golf Course  
1201 San Luis Ave  
Clewiston, FL 33440



Brian A. Haas

#### REGISTRATION INFORMATION

To register for this event, you will need to complete the Team/Player information and return this form with your payment in the amount of \$75 per player, \$300 per team and/or your preferred sponsorship options to:

**Hendry County Sheriff's Office**  
Attn: Cindy West or Capt. Shawn Reed  
P.O. Box 579  
LaBelle, FL 33975  
(863)674-5622

[cwest@hendrysheriff.org](mailto:cwest@hendrysheriff.org)  
[sreed@hendrysheriff.org](mailto:sreed@hendrysheriff.org)

(Make checks payable to: Hendry County Sheriff's Office)  
VISA, MASTERCARD, DISCOVER & AMERICAN EXPRESS  
Accepted, with a 5% convenience fee

**\*\*Deadline for registration is January 12, 2024 by 5pm\*\***



Platinum  
\$5000

- Two Exclusive Hole Sponsorships
- Prominence on Tournament Sign
- Four Teams



Gold  
\$2000

- One Exclusive Hole Sponsorship
- Recognition on Tournament Sign
- Two Teams



Silver  
\$1000

- One Team
- Recognition on Tournament Sign
- Hole Sponsor Sign



Bronze  
\$500

- One Player Fee
- Recognition on Tournament Sign



\$100

- Hole Sponsor Available

**REGISTRATION FORM**  
Hendry County Sheriff's Office  
Brian Haas Memorial Golf  
Tournament

**SINGLE PLAYER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**TEAM OPTION**

Team Name: \_\_\_\_\_

Player 1: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Player 2: \_\_\_\_\_  
Player 3: \_\_\_\_\_  
Player 4: \_\_\_\_\_

**PAYMENT METHOD**

\_\_\_\_\_ Check Attached

\_\_\_\_\_ Please Charge My\*\*

\_\_\_ VISA \_\_\_ MC

\_\_\_\_\_ I will pay the day of

\_\_\_ AmEx \_\_\_ Discover

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration: M \_\_\_ Y \_\_\_

3 Digit Code: \_\_\_\_\_ Zip \_\_\_\_\_

Amount Due