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Pain Management Group

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Agape Care South Carolina



Abbeville First Bank
presents the



20th Annual
Golf Tournament

Monday, October 3, 2022

Links at Stoney Point
Greenwood, SC

Player Registration
Information



General Tournament Information:

Date: Monday, October 3, 2022

Location: Links at Stoney Point
Greenwood, SC

Shotgun Start: 10:00am

Format: Captain's Choice

Entry Fee: \$100 per Amateur
Pro plays complimentary

Prize packages for gross & net winners

Player Gifts * Door Prizes * Hole Prizes

Continental breakfast, snacks & lunch provided

Registration Information:

- Teams will consist of four players. Professionals may be included in the foursome. Current or former Pros will not be eligible for hole prizes or purse money. If a Pro is playing on the team, please check the "Pro" box on the registration form. Pros play complimentary.
- Seniors (60+) and women may elect to play from their designated tees.
- Individual registrations will be accepted. Players registering as an individual will be placed with a team at random.
- The person designated on the registration form as the "Team Captain" will be the point of contact for all correspondence. A registration confirmation letter will be sent to the Captain when the registration process is complete.
- A team/individual will not be considered as being registered for the tournament until all forms are complete & payment is received. Registration fees are not refundable. No "phone reservations" will be accepted!

*** Corporate sponsorship information available ***

All proceeds benefit the Abbeville Area Medical Center Foundation

*For additional information or a corporate sponsorship package,
contact the Foundation Office at 864-366-3364*



20th Annual Golf Tournament

Tournament Entry Form

Please print legibly!!

Captain's Name: _____ **Handicap:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

Golf Professional? ☐ Yes ☐ No

Player 2 Name: _____ **Handicap:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Golf Professional? ☐ Yes ☐ No

Player 3 Name: _____ **Handicap:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Golf Professional? ☐ Yes ☐ No

Player 4 Name: _____ **Handicap:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Golf Professional? ☐ Yes ☐ No

Registration limited to the first 32 teams!

A Send form & a check made payable to the AAMC Foundation to:

AAMC Foundation

ATTN: Meg Davis

Post Office Box 887 • Abbeville, South Carolina 29620

Phone: (864) 366-3364 • Fax: (864) 366-3346 • mdavis@AbbevilleAreaMC.com

Pay online by visiting AbbevilleAreaMC.com/Donations

Registration fees are not refundable.

Tournament registration will not be considered complete until
form & payment is received.