



**\*Tournament Fee:**  
**\$400 Per Team**  
**\$100 Per Player**

**Registration & Lunch:**  
**11:00 am**

**Shotgun Start:**  
**12:00 pm**

**Awards & Food:**

**Immediately After Play**

**Prizes:**

**\$1,000 in CASH prizes to**  
**Top 2 Net and Gross Teams PLUS great door prizes!**

**\*Fee includes :**  
**Mulligan, Grenade Lob**  
**and Red Tee Package**

**\$20,000 HOLE IN ONE CONTEST**

**Beverage Stations Sponsored by:**



**This event is made possible by**  
**the generous support of our**  
**2024 Partner/Sponsors!**

**Platinum:** Ace Moving & Storage -  
 Acquisition Title & Settlement Agency,  
 Inc - ALCOVA Mortgage, LLC - Atlantic  
 Bay Mortgage Group – Atlantic Union  
 Bank - Bill Meador Insurance - Fairway  
 Independent Mortgage - Freedom First  
 Credit Union - Guaranteed Rate –  
 Guild Mortgage - Member One Federal  
 Credit Union - Movement Mortgage,  
 LLC - Union Home Mortgage –  
 Virginia Mountain Mortgage –  
 Virginia Title Center, LLC –  
 Virginia Varsity Transfer & Self Storage

**Diamond:** Colonial Title &  
 Settlement Agency, LLC –  
 Priority Title & Settlement, LLC  
**Gold:** Bank of the James – Carter  
 Bank & Trust - CRS Data – First Bank –  
 First Choice Title & Settlement –  
 First Citizens Bank – Henry Mortgage  
 Group - Pillar to Post Home Inspections  
 – SWBC Mortgage Group

**Silver:** Bailey Insurance Group –  
 Calvert Home Inspections - Cinch Home  
 Services – CrawlSpace Care - OVM  
 Financial - Seal-Tite Basement  
 Waterproofing Co. - Virginia Housing

**Golf Tournament Registration Form**

**Return this form by e-mail, fax or mail by September 3rd**

Name: \_\_\_\_\_ Handicap or Avg. Score \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Add me to any foursome  Here's the rest of my team:

Name: \_\_\_\_\_ Handicap or Avg. Score \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Handicap or Avg. Score \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Handicap or Avg. Score \_\_\_\_\_

E-mail address: \_\_\_\_\_

Check enclosed (payable to RVAR)  Please bill my credit card

Cardholder Name \_\_\_\_\_

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

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Billing Zip Code \_\_\_\_\_ 3 digit code on back \_\_\_\_\_

Billing Address \_\_\_\_\_



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