



26TH ANNUAL

HELPING HANDS

GOLF CLASSIC

SADDLE CREEK

GOLF CLUB

THURSDAY, MAY 9, 2024

SCHEDULE

11:30 AM

Registration/Lunch/Silent Auction Opens

1:00 PM

Announcements & Tee Time

6:00 PM

Award Ceremony & Silent Auction Ends

**All winners will be notified via phone or email*

GAME PACKAGE

4-Man Scramble Game Package at \$20 per player

Includes:

Chipping Contest

Putting Contest

2 Mulligans

SADDLE CREEK GOLF CLUB

1480 Fayetteville Highway
Lewisburg, TN 37091

CONTACT

Call Catherine Emerson at
(931) 684-8681 or email at
catherine.emerson@cdctn.org



The Marshall County Child Development Center has provided the early intervention program for 40 years to children with developmental delays and disabilities birth to 5 years of age. The services are provided at no cost to the families that qualify through the Tennessee Early Intervention Services (TEIS). The services are provided in the child's home. The Children's Center for Autism provides a behavioral therapy program for children with Autism Spectrum Disorder ages 18 months to 12 years of age.

The CDC tournament committee reserves the right to assign a Marshall or team of Marshalls over the field or any individual team(s) at any point during the play of the tournament to monitor scoring and generally assist in encouraging the flow of play. Furthermore, we request that any team who objects to the posted score of another team to bring that objection to the committee's attention either during play or immediately following the tournament so that all parties can discuss the matter appropriately.

Benefiting the Marshall County



1600 Jason Maxwell Blvd.
Lewisburg, TN 37091
(931) 359-1197
www.cdctn.org

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Tournament Title, 2 Teams, Advertisement,
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DIAMOND • \$2500

2 Teams, 1 Hole Sponsor Sign, Advertisement,
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REGISTRATION

Register online by scanning the QR Code or fill in
the registration form below and mail along with
check payable to "Marshall County CDC" to:

1600 Jason Maxwell Blvd. Lewisburg, TN 37091

*Registration Information Due No Later Than:
APRIL 15, 2024

Business or Individual Name

Contact Name/Address

Email Address

Phone Number

Sponsorship Level or Donation

*Please send all team member names, emails, &
phone numbers to catherine.emerson@cdctn.org
no later than May 2ND, 2024

Check here to request an invoice: _____

Check here to include Game Packages for
all team members in the invoice: _____

Pay by credit card at www.cdctn.org