



Legal Aid Society's Educational Advocacy Project

All funds raised by the Cup of Justice Golf Classic will be used to provide educational opportunities and services for disadvantaged and disabled children in the Palm Beach County public school system to ensure their educational, social, emotional and behavioral progress.

Our Educational Advocacy efforts are funded in part by the Cup of Justice Golf Classic proceeds and generous support from the following funders:



Willits Foundation



Young Lawyers Section

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THE LEGAL AID SOCIETY OF PALM BEACH COUNTY'S 18th Annual CUP OF JUSTICE GOLF CLASSIC



PGA National Resort & Spa
The Squire Course
Monday, October 8, 2018
Columbus Day

Presented by



PGA National Resort & Spa

The Squire Course

Monday, October 8, 2018

4 Person Shotgun Scramble

Registration & Buffet Luncheon 11:30 a.m.

Shotgun Start 1:00 p.m.

Dinner & Trophy Presentations 5:30 p.m.

Proper Golf Attire ~ Soft Spikes Only

Registration includes:

Lunch Buffet

Green and Cart Fees / Range Balls

Complimentary Beverages & Snacks

Tournament Goody Bag

Dinner & Trophy Presentations

3 Flights – 1st & 2nd Place Prizes

based on Lowest Net Scores

Tournament Champion is awarded

to the Team with Lowest Gross Score



Winners of the 17th Annual Cup of Justice Golf Classic

Schwed, Adams & McGinley, P.A.

SPONSORSHIP OPPORTUNITIES

Lunch Sponsor



Dinner Sponsor



Team Sponsorships - \$1000 (foursome)

Includes Lunch, Golf, Dinner and many other Goodies

Team Sponsorship

Sign Sponsorships - \$250

Signs are placed throughout the course, and give recognition of your firm/company's ongoing support of Legal Aid.

Sign Sponsorship

Please call 561-822-9763 for other exciting sponsorship opportunities!

Please check one and return with the completed Sponsor Registration Form to:

Legal Aid Society of Palm Beach County
Attn: Development Department
423 Fern St, Suite 200
West Palm Beach, FL 33401

You may also pay by calling
561-822-9763 or

Online at:
www.legalaidpbc.org

Sponsor Registration Form

Sponsor /Firm/Company Name (for printing purposes)

Contact Person

Address

City, State, Zip

Phone

Email

Team Information

Name of Players

Handicap

Cell Phone*

1. _____

2. _____

3. _____

4. _____

NOTE: Any single players will be paired with others
*PLEASE provide a CELL PHONE number for at least one member of the foursome so we can communicate any tournament details and/or changes due to inclement weather, etc.

Payment Information

Check payable to Legal Aid Society is enclosed.

Please accept our pledge and register our team.

Please charge \$ _____ to the following

(circle one) Amex Discover MasterCard Visa

Name as it appears on card

Acct. #

Exp. Date

Signature