

**THE 18TH ANNUAL FIELD
FAMILY TRUST GOLF CLASSIC**

TO BE HELD AT:

**POLO GOLF & COUNTRY
CLUB**

Cumming, Georgia

All proceeds go directly to The Field Family Trust, which provides for the care of Michael Field. Michael has been paralyzed from a diving accident since 1992. He requires 24 hr. continuous care.

Directions:

Georgia 400 north to exit 13 (Hwy. 141) and turn left. Polo Golf & Country Club is 2.5 miles on the left.

Polo Golf & Country Club
6300 Polo Club Drive
Cumming, GA 30040
(770) 887-7656

Field
GOLF

The Field Family Trust

12140 Brookmill Point
Alpharetta, GA 30004-4019
Phone (770) 663-4003

Web Site - FieldFamilyTrust.com
Email - fft_golf@bellsouth.net

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THE EIGHTEENTH ANNUAL

**FIELD FAMILY TRUST
GOLF CLASSIC**



POLO GOLF &
COUNTRY CLUB

Cumming, Ga.

August 9, 2010

FieldFamilyTrust.com

TOURNAMENT FORMAT

LOCATION:

Polo Golf & Country Club

DATE:

August 9, 2010

DEADLINE FOR ENTRY:

August 5, 2010

FORMAT:

Handicapped Modified Scramble –
Play from best drive, then play own ball
to the hole. Count the two best scores per
hole. **Maximum handicap of 18**

ENTRY FEE:

\$150 per player – Includes Green Fees,
Cart, Range Balls, Prizes, Cap, Box
Lunch and a Meal afterwards.

STARTING TIME:

10:00 Registration – 12:00 Shotgun Start

RULES:

U.S.G.A. and Local. Soft Spikes only!

CONTACT PERSON:

Scott Gregory (404) 575-1045

scott@J-Binc.com

PRIZES*

Special Thanks to Will Luckey

1st Prize

Titleist Forged 735.CM Irons

2nd Prize

FootJoy DryJoys Performance Rain Shirt

3rd Prize

FootJoy DryJoys Golf Shoes

4th Prize

Titleist X-Series Stand Golf Bag

Long Drive (2)

Titleist Pro V1 Golf Balls

Closest to the Pin (2)

Titleist Pro V1 Golf Balls

Titleist
FOOTJOY #1 SHOE IN GOLF

*All prizes subject to change.
All prizes awarded are final.

TEAM REGISTRATION FORM

Name _____

Address _____

City, St, Zip _____

Email _____

Handicap _____ (Max. 18)

Name _____

Address _____

City, St, Zip _____

Email _____

Handicap _____ (Max. 18)

Name _____

Address _____

City, St, Zip _____

Email _____

Handicap _____ (Max. 18)

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Address _____

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Please make checks payable to:

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