

# 10<sup>th</sup> Annual GOLF TOURNAMENT

Proceeds to be directed to Camp Abilities Nebraska, a week-long residential sports camp for youth ages 9 to 19 who are blind, visually impaired or deaf-blind. Camp Abilities Nebraska is co-sponsored by Outlook Nebraska, Inc. and Boys Town National Research Hospital.

## We hope to see you at Indian Creek Golf Course!

18 holes | Four-person Scramble  
Registration 10:30 – 11:30 | 12:00 shotgun start  
Blind putting contest | 11:00 – 11:45 (split the pot)

### Thursday, June 6, 2013

Indian Creek Golf Course  
3825 North 202nd Street  
Omaha, NE 68022

### Register & pay online at

[www.outlooknebraska.org](http://www.outlooknebraska.org)  
Early bird deadline ends May 1  
Includes golf, lunch & dinner

Rooms are being reserved at the Hilton Garden Inn, 402.289.9696



**Cash  
Pin Prizes  
Raffles  
Food  
Fun**



**Register & pay online at [www.outlooknebraska.org](http://www.outlooknebraska.org)**

# SPONSORSHIPS



## PATRON

- Four golfers
- Four shirts & box of ProV1 golf balls
- Sponsor plaque
- Hole signage
- Speaker & program recognition
- \$5,000

## GOLD

- Four golfers
- Four shirts
- Hole signage
- Program recognition
- \$2,500

## SILVER

- Four golfers
- Hole signage
- Program recognition
- \$1,000

## HOLE-IN-ONE

- \$10,000 prize
- Each golfer gets one chance at an Ace
- \$1,000

## BIRDIE

- Hole signage
- Program recognition
- \$500

## PAR

- Program recognition
- \$250

## LUNCH

- \$2,000 total or \$500 each, max of 4

## BLIND GOLFER ACADEMY

- Sponsor a blind golfer to learn from the pros!
- \$100 each golfer

**ALWAYS ACCEPTING DONATIONS & RAFFLE PRIZES!**

# REGISTRATION

Questions? Contact Shilo at 402.504.2609 | [shilomay@cox.net](mailto:shilomay@cox.net) or John Wick at 402.614.3331 x24 | [jwick@outlooknebraska.com](mailto:jwick@outlooknebraska.com)

**Mail to Outlook Nebraska, Inc., Attn: Golf Tournament, 4125 S. 72nd St., Omaha, NE 68127**

**Early bird pricing**    Single Golfer \$110    Team of 4 Golfers \$440   Total \$ \_\_\_\_\_

**After May 1**    Single Golfer \$125    Team of 4 Golfers \$500   Total \$ \_\_\_\_\_

Participant(s): \_\_\_\_\_

Check    Visa    MasterCard    American Express   Card #: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address of card holder: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Register & pay online at [www.outlooknebraska.org](http://www.outlooknebraska.org)**