GAMECOCK CLUB
═ LEXINGTON COUNTY ═

25th Annual

Lexington County Gamecock Club

Golf Tournament

Monday, April 13, 2026

The Lexington County Gamecock Club invites you to participate in our **25th Annual Golf Tournament** at The Country Club of Lexington.

Registration and the Driving Range will open at 9 am. We will have a shotgun start at 11:00am.Individual prizes for members of the Winning Team, prizes for Closest to the Pin, and 50/50 Prizes will be awarded after the tournament.

Come early and enjoy our Famous Cooked Sausage, Bloody Marys, Screw Drivers – and *best of all*, our Ribs on the Grill provided by Hudson's BBQ !

Sponsorship money is donated to the Lexington County Jr. Gamecock Club.

Place: The Country Club of Lexington
1066 Barr Rd., Lexington, SC 29072

Format: Four Person Team-Captain's Choice / 2 per cart (Complete rules will be on each cart)

Time: Registration from 9:00-10:45 am

Driving Range Open 9:00 am

Shotgun Start: 11:00am Sharp

Flighted: Based on Teams' Handicap (4 Divisions)

Prizes: Individual cash prizes for members of winning teams

Prizes Awarded: Closest to the Pin

**For More Information, call
Steve Gunter at 803-608-2538
or e-mail sgunter@pfs-ars.com**

Only Full Team Registrations Allowed.
Registration will be taken on a
first come first serve basis.

Maximum 28 Teams / 112 Players Total

Make Checks Payable to:
**Lexington County Gamecock Club
Mail checks or credit card info to: LCGC
P.O. Box 1707, Lexington, SC 29071**

Entry Fees: $600.00 per Team of Four
* Includes two Mulligans per player

2026 Sponsorships

(Sponsorship Money Raised to Support Lexington Jr. Gamecock Club & non revenue programs)

Tee Sponsors – Sign or Tent on Tee Box
$150 / $300

_____   _____

Name on Sign

_____

Tee/Hole Sponsorship ($150/$300) _____

Team Registration - $600* _____
    * Includes two Mulligans per player

Amount Enclosed $_____

All monies must be paid by <u>April 6, 2026!</u>
Please pay in advance!

Names of Golfers:
Team Captain: _____
Handicap:_____
e-mail address:_____
    Required, do not leave this blank!
Name:_____
Handicap:_____

Name:_____
Handicap:_____

Name:_____
Handicap:_____

Credit Card information

Name on credit Card _____

CC Number _____

Expiration Date _____

3-Digit Security Code / CVV: _____