



1ST CAVALRY DIVISION ASSOCIATION

Alumni of The First Team

302 N. Main St., Copperas Cove, TX 76522-1703



The Crossed Sabers Chapter of the 1st Cavalry Division Association is hosting a golf tournament on 22 September 2021 as part of the 73rd Annual 1st Cavalry Division Reunion to help raise funds for the Foundation of the 1CDA Active Duty Scholarship Program.

SCHOLARSHIP FOUNDATION. The Foundation of the 1st Cavalry Division Association is a 501(c)(3) and offers scholarships of up to \$1,200 per year (up to four years). Since 1989 more than \$367,000 in scholarship grants have been provided to 430 active duty Division Soldiers and their spouses.

TOURNAMENT SCHEDULE:

Registration: 7:30am to 9:00am

Shotgun: 9am

\$60.00 per player \$40.00 per Active Duty Player. Mulligans 5 for \$20.00 (only 5 per player)

Sponsor an Active Duty team \$160.00

Eagle Drive: \$20.00 per team (buy up to a 150 yards tee box on a Par 5)

Lunch and Award Ceremony immediately following.

Awards: 1st, 2nd, and 3rd Place

Individual on Course Contests: Longest Drive, Straightest Drive, Closest to the Pin, and Longest Putt.

I would like to play as an individual assigned to a team or sponsor a team (✓ mark the choice)

Name/Company Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ E-mail: _____

To sponsor a team, you just need to complete the form and return it in person or by mail to the following address:
Foundation of the 1st Cavalry Division Association, ATTN: Golf Tournament, 302 N. Main Street, Copperas Cove, TX 76522-1730
Golf Tournament Registration is online at: www.1CDA.org (look for it under the Annual Reunion tab).

(If you know the active duty Troopers names that you are sponsoring on your team write them in the spaces provided)

Team Name: _____

Player 1: _____ Player 2: _____

Player 3: _____ Player 4: _____

Amount of Sponsorship: _____ Amount enclosed: _____

Payment Type: Check: _____ Cash: _____ Credit Card: _____

Make checks payable to: 1CDA Foundation

Card Number: _____ EXP Date: _____ CVV: _____ Zip Code: _____

Signature – Credit Card Payments Only: _____ Date: _____

(254) 547-6537 / 7019
www.1CDA.org
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