



Knights of Columbus Council 9543

Luella and Floyd Q. Doolittle Memorial Golf Classic

benefiting the Seminarian Education Fund
of the Diocese of Jackson



Friday, May 8, 2026 • Whisper Lake Golf Club • 414 Annandale Parkway, Madison, MS

4 Person Scramble Format – Includes food, beverages, and practice balls!

Four-person best ball, open to the public, shotgun start at 1 p.m. All player registrations and sponsorships include practice balls, goodie bag, beverages, lunch (prior to start), and a meal/family social at the end.

Prizes for 1st, 2nd, and 3rd place finishers, closest to pin, longest drive, & straightest drive plus everyone gets a door prize.

- **PUTTING CONTEST:** Closest to the hole wins \$100,
\$5 per attempt, \$10 for three.
- **MULLIGANS:** \$5 each (max. 4 per person) and may be
used on any shot. One per team per hole.

11:45 am	Registration opens, practice begins.
12:00 – 12:45 pm	Registration, Lunch and Putting Contest
1:00 pm	Shotgun Start
4:45 pm	Dinner and awards

Checks payable to: KofC 9543 (Knights of Columbus Council 9543)

Mail to: Knights of Columbus Golf Tournament; c/o KofC 9543, 4000 Tidewater Lane, Madison, MS 39110

Or Email Registration Form to: kc9543@stfrancismadison.org

Questions, contact: Tunney (601-622-4145 or tunneyv1@icloud.com)



PLAYER or TEAM REGISTRATION

PLAYER REGISTRATION: Mark one choice below and include name and contact information for player(s). *Includes lunch, dinner, snacks, beverages, practice balls, and a goodie bag.*

- ☐ **\$95 - One Player Registration** (Your team will be determined day of event.)

Player Name _____ Phone _____ Email _____

- ☐ **\$380 - Team Registration** (Four players - list below. Team Captain will be the contact for tournament news.)

Captain Name _____ Phone _____ Email _____

Player 2 Name _____ Phone _____ Email _____

Player 3 Name _____ Phone _____ Email _____

Player 4 Name _____ Phone _____ Email _____

PAYMENT: ☐ Check enclosed for \$ _____ ☐ I will pay in full the day of the tournament

- ☐ I cannot play but have enclosed a tax-deductible contribution of \$ _____ for Seminarian Education.

Make checks payable to: KofC 9543 (Mail to: Knights of Columbus Council 9543, 4000 Tidewater Lane, Madison, MS 39110)

Your Support is Greatly Appreciated! The recruitment and training of seminarians is a significant but critical investment for the Diocese of Jackson. It is important to support the young men who have heard the call from God. The road to becoming a priest is challenging, long, and expensive. The cost of college education can reach well into the hundreds of thousands of dollars. It is imperative that our diocese be able to offer financial assistance to educate our future priests.

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TOURNAMENT SPONSOR

SPONSORSHIP: (Required) Fill out all information below. Sponsors may provide prizes or any other monetary contribution. Donation in excess of the team/individual registration fees are tax deductible. Players receive lunch, dinner, beverages, practice balls, and a goodie bag.

Sponsor Company or Hole Sponsor: _____

Contact Name: _____ Phone: _____

Address: _____

City, State, Zip: _____ Email: _____

Authorized Signature: _____

PLEASE MARK SPONSORSHIP LEVEL BELOW:

- ☐ **\$1,000 - Corporate Title Sponsorship** (Includes registration for TWO four-player Teams*, TWO premier hole sponsor signs, plus post tournament publicity) (8 player registrations-list names below)
- ☐ **\$500 - Team Sponsorship** (Includes four-player team registration and sponsor sign at hole.)
(4 player registration, Team Captain will be the contact for tournament news.)

***Corporate Title Sponsor Team 2**

Team Captain Name _____

Phone _____ Email _____

Player 2 Name _____

Phone _____ Email _____

Player 3 Name _____

Phone _____ Email _____

Player 4 Name _____

Phone _____ Email _____

Team 2 Captain Name _____

Phone _____ Email _____

Player 2 Name _____

Phone _____ Email _____

Player 3 Name _____

Phone _____ Email _____

Player 4 Name _____

Phone _____ Email _____

- ☐ **\$195 - Hole Sponsorship and Player Registration Combo** (Includes single player registration and a complimentary sign at hole.)

Player Name _____ Phone _____ Email _____

- ☐ **\$100 - Hole Sponsorship** (Includes complimentary sponsor sign at hole.)

- ☐ **IN-KIND DONATION:** Valued at \$ _____

List your donation: _____

PAYMENT: ☐ Check enclosed for \$ _____ ☐ I will pay in full the day of the tournament

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