



# AJ DONOHUE MEMORIAL GOLF TOURNAMENT

The 2<sup>nd</sup> Decade: Lucky #13

**Saturday, February 29, 2020, 9:00 AM Registration / 10:00 AM Start**  
Jekyll Island Golf Center, Jekyll Island, Georgia

*'Leap for the Kids' 2020 campaign proceeds benefit enhancing the New Pediatric Inpatient Facility at Southeast Georgia Health System, the AJ Nursing Scholars program.*

**Format:** 10:00 a.m. shotgun start on Saturday, February 29, 2020 in a scramble format on beautiful Jekyll Island. Make your own team or the tournament committee will pair you with other players. Prizes for: Top Teams, Closest-to-the-Pin, and the Longest Drive.

**Leave your wallet in the car:** Entry fee includes greens fee, practice range, door prizes, gifts, breakfast offering, lunch, entry to 19<sup>th</sup> Hole Celebration and beverages all day.

**Entry:     \$125 per player                      \$475 per team (4 players)**

**Mulligans Available- \$5.00 Each, 4 for \$20.00**

**Skip the line at registration: Prepay with entry**

Entry deadline is Friday, February 20, 2020. For more information, call John Donohue at 912-635-9150. Additional entry forms may be requested by email from [teamajgolf@gmail.com](mailto:teamajgolf@gmail.com).

**'Leap for the Kids' Gala February 28, 2020 at the Westin- Jekyll Island**

**Information on the Gala Celebration, Entry Discounts and Registration available On-Line at:**

**[www.ajdonohuefoundation.org](http://www.ajdonohuefoundation.org)**



## **AJ Donohue Memorial Golf Tournament, The 2<sup>nd</sup> Decade: Lucky #13** **Entry Form**

Please enclose one form for each team.

Entry fee: \$125 per player, \$475 per team

Include \_\_\_ tickets to Gala Celebration \$ \_\_\_\_\_

Total Entry Fee \$ \_\_\_\_\_

Mulligans         \$ \_\_\_\_\_

Make checks payable to:

**AJ Donohue Foundation, Inc**

ATTN: John Donohue

P.O. Box 13026

Jekyll Island GA 31527 \* 912-635-9150

(PLEASE PRINT)

**Team Members**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_

Name: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_