

13th Annual Charity Golf Tournament

Tuesday, September 30, 2025

Benefitting Ryan's Place Foundation

Blue Mash Golf Club

5281 Olney Laytonsville Road Laytonsville, MD 20882

Lunch, Dinner, and Complimentary Beverages

11:30 Lunch 12:30 Shot Gun Start 5:30 Dinner, Raffle, and Awards

Foursome/Player Registration

Sponsorship Registration





Questions?

Email Valerie Oliver at valerieo@gbshades.com or Debbie Sahlin at debbie@ryansplacefoundation.org.

Register online: ryansplacefoundation.org



Our mission is to empower individuals with disabilities and their families by providing support, resources, and community engagement to foster independence, inclusion, and a better quality of life for all.

Ryan's Place Foundation is a 501(c)(3) nonprofit organization. Donations are tax deductible to the fullest extent of the law. Our federal tax identification number is 92-2757982.



PLATINUM EAGLE \$10,000

Exclusive recognition on tournament gift.Prominent recognition on signage and website.

2 foursomes.

Signature: _____

PLATINUM \$7,500 pminent recognition

Prominent recognition on signage and website.

2 foursomes.

FAIRWAY FEAST \$5,000

Exclusive recognition at dinner. Exclusive signage on dinner tables.

1 foursome.

DOUBLE EAGLE

\$3,000

Recognition on signage and website.

1 foursome.

BEVERAGE BLISS

\$2,000

Exclusive recognition on drink carts. Recognition on website.

2 players

EAGLE

\$1,600

Recognition on signage and website.
2 players.

BIRDIE \$550

Exclusive signage on sponsored hole.

Date:

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	Platinum Be	ouble Eagle 🔲 Birdi verage Bliss gle	e	
Company Name:				
	pear in printed materials. Please se ast 300dpi. (.jpeg, .eps, .png, .tiff).			
	\$250	\$950		
	per player	Per foursome		
Yes, I would like to r	egister as a single player.	Yes, I would like	e to register a foursome.	
Name:	Email:	На	ındicap	
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Name:			Handicap	
WE KINDLY REQUEST THAT	PAYM CONTRIBUTIONS ARE RECEIVED BY		SE MAKE CHECKS PAYABLE TO:	
	Ryan's Place F	- -nundation		
	7901 Beechcraft Avenue, Unit			
Name on Card:			Amount: \$	
Credit Card Number:		Exp. Date:	Security Code:	
Billing Address:				
City:	State:	Ziņ	Zip Code:	