



*The 20th Annual Georgia's Own Credit Union Fan Classic
presented by PGA Tour Superstore
A Golf Tournament Benefiting Children's Healthcare of Atlanta
Thursday, June 10th and Friday, June 11th, 2021*

The event will take place at Lanier Islands Legacy Golf Course in two flights, Thursday, June 10th and on Friday, June 11th.

Lanier Islands Legacy Golf Course represents a return to the Golden Era of Golf – a period from the early to mid 1900's when designers created some of the most storied courses in the world. Created by renowned designer Billy Fuller, Lanier Islands Legacy Golf Course offers stunning views of Georgia's Great Lake. An unrivaled golf experience, the layout traverses a natural setting with twelve scenic holes on the water. Legacy offers tactical challenges for the avid golfer while not proving too daunting for the casual golfer.

Our golf facility includes a fully stocked golf shop, new state of the art Mini-Verde Bermuda Greens, and zoysia lined "Billy" Bunkers, an innovative Bunker design developed by Fuller during his tenure at Augusta National Golf Club. For scratch golfers and high handicappers alike, Lanier Islands Legacy Golf Course offers a challenging, aesthetically pleasing lakeside golf experience.

Flight 1 (Thursday, June 10th)

7:00 AM Registration & Practice/Warm Up

9:00 AM Flight 1 Shotgun start (rain or shine)

Flight 2 (Friday, June 11th)

8:00 AM Registration & Practice/Warm Up

10:00 AM Flight 2 Shotgun start (rain or shine)



Children's Healthcare of Atlanta has been 100 percent dedicated to kids for more than 100 years. A not-for-profit organization, Children's is dedicated to making kids better today and healthier tomorrow. Our specialized care helps children get better faster and live healthier lives. Managing more than a million patient visits annually at three hospitals, Marcus Autism Center, and 28 neighborhood locations, Children's is the largest healthcare provider for children in Georgia and one of the largest pediatric clinical care providers in the country. Children's offers access to more than 70 pediatric specialties and programs and is ranked among the top children's hospitals in the country by U.S. News & World Report. With generous philanthropic and volunteer support since 1915, Children's has impacted the lives of children in Georgia, the United States and throughout the world. Visit www.choa.org for more information.

- **Benefits Children's Healthcare of Atlanta**
- **Thursday, June 10th and Friday, June 11th at Lanier Islands Legacy Golf Course**
- **\$1,000 per foursome, \$250 per single on Thursday June 10th (while supplies last)**
- **\$1,400 per foursome, \$350 per single on Friday June 11th (while supplies last)**
- **Breakfast and lunch with beverages will be provided to every player in both flights along with fabulous gift packs, followed by an after party with food and raffle prizes.**
- **Closest to the pin, hole-in-one and longest drive contests for fabulous prizes**

REGISTRATION (Deadline Friday, May 28th)

I/We will participate in the:

Flight 1 (June 10th): _____
Foursome (\$1000) _____
Individual (\$250) _____

Flight 2 (June 11th): _____
Foursome (\$1400) _____
Individual (\$350) _____

TOTAL ENCLOSED: \$_____

___ **Check Enclosed** (Make payable to: "Dickey Broadcasting Company")
___ **Credit Card (Visa, MC, AMEX)**

Card Type _____ **Card Number** _____
Expiration Date _____ **Security Code** _____
Name on Card _____
Billing Address _____
Signature _____

Return your registration form to:

20th Annual Fan Classic
Attn: Scott McFarlane
800 Battery Ave SE, Suite 400, Atlanta, GA 30339
scottmcfarlane@680thefan.com
(p) 404.688.0068
(f) 404.995.4043

PLAYER REGISTRATION

Name _____
Company Name _____
Address _____
City _____ **State** ___ **Zip** _____
Phone _____
E-Mail _____
HCP# _____

Name _____
Company Name _____
Address _____
City _____ **State** ___ **Zip** _____
Phone _____
E-Mail _____
HCP# _____

Name _____
Company Name _____
Address _____
City _____ **State** ___ **Zip** _____
Phone _____
E-Mail _____
HCP# _____

Name _____
Company Name _____
Address _____
City _____ **State** ___ **Zip** _____
Phone _____
E-Mail _____
HCP# _____