



Senator Tommy Norment

cordially invites you to attend

*The Seventeenth Annual
Norment Invitational
& Clambake*

Thursday, May 7, 2009

Ford's Colony
Williamsburg, Virginia

Format: Captain's Choice
Entry Deadline: April 23, 2006

Registration: 10:30 – Noon
Lunch: 11:30 – 12:15
Shotgun Start: 12:30
Clambake: 5:30 – 7:30

*** Chance to win a new car with a hole-in-one ***

To enter, please fill out the information on the enclosed reply form and return it in the self-addressed envelope provided.

For more information, please call (757) 259-7810.

Paid for and Authorized by Friends of Tommy Norment

The 17th Annual Norment Invitational & Clambake

- Foursome: \$1,200
- Includes golf, lunch and clambake for each player
- Individual Participant: \$300
- Includes golf, lunch and clambake
- Clambake Only: \$150 per person

◆◆◆◆◆ SPONSORSHIPS ◆◆◆◆◆

- Platinum Sponsor: \$5,000
- Includes recognition in program and at tournament as well as foursome for golf, lunch and clambake
- Gold Sponsor: \$2,500
- Includes recognition in program and at tournament as well as foursome for golf, lunch and clambake
- Silver Sponsor: \$1,000
- Includes recognition in program and at tournament as well as twosome for golf, lunch and clambake
- Hole Sponsor: \$300

Complete and return in self-addressed envelope provided by April 24th

- | | |
|---|----------------------------------|
| _____ Foursome - \$1,200 | _____ Platinum Sponsor - \$5,000 |
| _____ Individual Participant - \$300 | _____ Gold Sponsor - \$2,500 |
| _____ Clambake Only - \$150 per person | _____ Silver Sponsor - \$1,000 |
| _____ I cannot attend, but will make a contribution | _____ Hole Sponsor - \$300 |

Checks should be made payable to: *Friends of Tommy Norment*

Golf, Clambake Participants and/or Sponsors:

Name: _____	Name: _____
Company: _____	Company: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
Handicap: _____	Handicap: _____
Name: _____	Name: _____
Company: _____	Company: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
Handicap: _____	Handicap: _____