



# 2017 “Tearing Up the Turf” Golf Outing

## Event Details

When: Saturday, June 17, 2017

Where: Bedford Hills Golf Club  
Temperance, MI

Start Time: Shotgun start at 8:00 a.m.  
Registration opens at 7:00 a.m.

Why: To raise awareness and funds for individuals with Down syndrome and their families

Cost: \$75 per golfer, \$300 per foursome  
Space is limited to 32 teams – sign up today!

Register using the provided form,  
or sign up online by visiting:

<http://www.dsagt.org/event-2439075>

Sponsorship Opportunities Available!  
Call or email Renee Canfield  
(419-536-4321/renee@dsagt.org)  
for more information.

## HIGHLIGHTS

Golfer registration includes:

- Scramble golf with cart
- Event shirt and golf gift bag
- Breakfast donuts provided by Wixey Bakery
- Sit-down meal after outing is complete
- Multiple award categories
- Betting holes, raffles, silent auction, and more!





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Golfers – Individual: \$75/ea X \_\_\_\_\_ OR Team/Foursome: \$300/ea X \_\_\_\_\_

General Donation \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

## TEAM

*If members of your team would like to provide an additional contribution by forgoing the event shirt, please write "no shirt" on the size line. Thank you!*

**Player 1 (Team Captain)** Shirt Preference (Check one): Collared \_\_\_\_\_ Athletic Style/No Collar \_\_\_\_\_ Size: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Player 2:** Shirt Preference (Check one): Collared \_\_\_\_\_ Athletic Style/No Collar \_\_\_\_\_ Size: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Player 3:** Shirt Preference (Check one): Collared \_\_\_\_\_ Athletic Style/No Collar \_\_\_\_\_ Size: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Player 4:** Shirt Preference (Check one): Collared \_\_\_\_\_ Athletic Style/No Collar \_\_\_\_\_ Size: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**PAYMENT: (Circle one)** Check (Enclosed) Credit Card (complete information below)

Please make checks payable to: Down Syndrome Association of Greater Toledo. Credit cards accepted through Square®.

Registration forms may be emailed to: [renee@dsagt.org](mailto:renee@dsagt.org) or mailed to: DSAGT, P.O. Box 298, Sylvania OH 43560

Credit Card Information (Please circle one) VISA MasterCard American Express Discover

TOTAL AMOUNT TO BE CHARGED \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ CC # \_\_\_\_\_

CC EXPIRATION DATE \_\_\_\_\_ CVV # (back) \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_