

# Paul Neu Memorial Golf Classic

## June 26, 2017

### Railside Golf Club

2500 76th Street • Byron Center, MI • 49315  
1 p.m. Shotgun Start- Scramble • **\$125 per person\***  
Collared shirt required; soft spikes only



## REGISTRATION FORM

I (we) plan to:  Golf \$125\*: This option automatically includes dinner.

Join only for dinner \$40: If you are NOT golfing, the cost of dinner is \$40 per person and dinner guests arrive at 5:30PM. Start time of dinner will vary slightly based on when the golfers return from playing.

\*Early Bird Registration and payment must be completed by May 31, 2017 to lock in the rate of \$125 per golfer. Starting June 1, 2017 the fee will increase to \$150 per golfer. The amount per ticket over and above \$70 is tax deductible to the fullest extent of the law.

**Team Captain/Guest**

**e-mail:**

Full Name:

Full Address:

Phone Number:

Golf (includes dinner)  Join only for dinner

**Golfer/Guest #2**

**e-mail:**

Full Name:

Full Address:

Golf (includes dinner)  Join only for dinner

**Golfer/Guest #3**

**e-mail:**

Full Name:

Full Address:

Golf (includes dinner)  Join only for dinner

**Golfer/Guest #4**

**e-mail:**

Full Name:

Full Address:

Golf (includes dinner)  Join only for dinner



***Each Golfer will receive:***  
 18 holes of golf with cart • Goodie bag filled with free items • BBQ Dinner  
 Form your own team of four; if you have less we will pair you up!

***Each Dinner Guest will receive:***  
 BBQ Dinner and all non-alcoholic beverages. Cash bar will be available.

**Both options feature the opportunity to participate in the drawing and win lots of great prizes!**

## Payment Options

- Check payable to the Epilepsy Foundation of Michigan is enclosed.
- I have completed the below Credit Card Authorization Form.

**\*\*You can also register and purchase your foursome online at [www.epilepsymichigan.org](http://www.epilepsymichigan.org)\*\***

## Credit Card Authorization Form

Name on Card: \_\_\_\_\_

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

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

Email \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_

Credit Card Type: \_\_\_\_\_  Visa    MasterCard    American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_ # of golfers at \$125 (by May 31) = \$ \_\_\_\_\_

\_\_\_ # of golfers at \$150 (starting June 1) = \$ \_\_\_\_\_

\_\_\_ # of dinner guests at \$40 = \$ \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_

I hereby authorize for this credit card to be charged for the above listed amount.

Signature **X** \_\_\_\_\_

**Please return this completed Registration Form and payment to:**  
 Epilepsy Foundation of Michigan • Accounting Department  
 25200 Telegraph Rd., Suite 110 • Southfield, MI 48033  
**Questions? Contact Pat Dennis at (800) 377-6226, ext. 1242**