

Paul Neu Memorial Golf Classic

June 24, 2019

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, 2019 to lock in the rate of \$125 per golfer. Starting June 1, 2019 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****

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