



HORIZONS-Michigan SCHOLARSHIP GOLF OUTING

July 24, 2009

CHERRY CREEK GOLF CLUB RESERVATION FORM

The golf format for this years event at Cherry Creek will consist of foursomes playing at 1:00 pm shotgun start, **11:00 am REGISTRATION, 4 PERSON SCRAMBLE**. Your golf package includes **9 HOLES OF GOLF** with power cart, unlimited use of driving range and putting green, golfer gift package, refreshments served on course, buffet dinner and cocktails.

Please complete this reservation form in detail as requested and send with full payment post-marked no later than June 30, 2009 for discounted rate. Reservations will be taken on a first come first serve basis. We reserve the right to reject your reservation due to limited capacity. We will notify you immediately of your playing status upon receipt of your completed reservation form. All tickets will be distributed at registration, Friday July 24, 11:00 am at Cherry Creek Golf Club.

PLEASE RETURN YOUR COMPLETED RESERVATION FORM WITH FULL PAYMENT FOR DISCOUNTED RATE POST-MARKED BY JUNE 30, 2009. REGISTRATION POST-MARKED AFTER JUNE 30, 2009 WILL BE ACCEPTABLE BUT MUST BE RECEIVED NO LATER THAN JULY 13, 2009. FOR AMOUNT PLEASE SEE BELOW. NO PHONE RESERVATIONS WILL BE ACCEPTED, NO REFUNDS OR CANCELLATIONS.

Name: _____ Phone Number: _____

Company: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip: _____

**Full Payment
Post-Marked
by June 30, 2009**

**Full Payment
Post-Marked from
July 1, 2009 to July 13,2009**

Foursomes: _____ @\$360.00 per foursome @\$500.00 per foursome \$ _____

Individual golfers: _____ @ \$90.00 per golfer @\$105.00 per golfer \$ _____

Dinner only: _____ @ \$65.00 per person @\$75.00 per person \$ _____

Sponsor: **Clubhouse - \$5000, Driver - \$1000, 3-Wood - \$750, 5-Wood - \$275, Iron - \$100** \$ _____

Tax Deductible Number 501(c) (3) **53-0196547** TOTAL \$ _____

Please make checks payable to: **Women In Defense MI Chapter**

Important: Please fill in the names of golfers playing in your group(s). If necessary, please attach separate sheet to list additional golfers names.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Return this completed form with full payment and names of golfers to: Women in Defense MI Chapter
P.O. Box 4744
Troy, MI 48099