



ANNUAL GOLF OUTING



Rolling Meadows
Health & Rehabilitation Center



Wesleyan
Health & Rehabilitation Center

Registration Form Friday, August 28, 2020 Arbor Trace Golf Club 2550 E 550 N - Marion, IN

Please return this registration form with your payment to the Marion-Grant County Chamber of Commerce at 217 S. Adams Street, Marion, IN 46952 or by faxing it to (765)668.5443. Reservations are due by Friday, August 21st at 4pm. Reservations and tee times will be made upon receipt of your payment. Tee times are limited and available on first come, first serve basis!

Company _____ Contact Name _____

Mailing Address _____ City _____ State _____ ZIP _____

E-Mail _____ Telephone _____ Ext. _____ Fax _____

____ Contact me about donating items for door prizes!

Please register the following individual(s):

Player Name(s)	Company(s)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Sponsorship Opportunities Available!
Sponsorship opportunities are available from \$35 to \$1,000. One of your best chances this summer to spread your brand in the business community! Call the Chamber at (765)664.5107 for details.

Attire:
Golf attire. No tank tops.

Shotgun starts at 7:30AM & 1:00PM
Which tee time would you prefer?
(Tee times are available on a first come, first serve basis)
___ 7:30 AM - \$90 per person
___ 1:00 PM - \$100 per person

Registration:
7:30AM Shotgun - 6:30AM-7:15AM
1:00PM Shotgun - Noon - 12:45PM

Lunch:
Served from 11:30AM to 1:30PM

Make checks payable to: Marion-Grant County Chamber of Commerce
You may also pay by credit card.

___ Mastercard ___ Visa
Account # _____ Expiration Date _____

AUTHORIZED COMPANY SIGNATURE _____