

Everyone is invited to come join the fun!!!

THE MAGRUDER CALUMET OPEN Golf Scramble



Monday, July 20, 2009
Cyprian Keyes Golf Club in Boylston, MA
Registration Fee: \$135.00

9:00 a.m. Registration
10:30 a.m. Shotgun Start
3:00 p.m. Dinner Buffet

All Ages and Skill Levels Welcome!!

To register and for more info visit www.calumet.org or
contact Ginger Brownell at 603-539-4773 ext 223

**Proceeds to benefit Calumet Lutheran Ministries' commitment
to make camp affordable for all children.**

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2009 Magruder Calumet Open Golf Tournament Registration Form

Monday, July 20, 2009

9:00 a.m. Registration

10:30 a.m. Shotgun Start

Scramble Format



Cyprian Keyes Golf Club

284 East Temple Street

Boylston, MA 01505

www.cypriankeyes.com

Fee: \$135.00 (non-refundable) Includes: Green fees & cart, driving range, hole-in-one contest, box lunch, dinner buffet and door prizes.

| | | |
|-----------------|------------------------------|----------|
| Last name | First name | Handicap |
| Mailing address | Company name (if applicable) | |
| City | State | Zip code |
| Daytime phone | cell phone | e-mail |

If reserving a foursome and not all player names are known at this time, the person listed above is responsible for directing teammates to the course and assigned golf cart on Monday morning.

1. Teammate _____ Teammate pays I will pay
2. Teammate _____ Teammate pays I will pay
3. Teammate _____ Teammate pays I will pay

Do you require rental clubs? No Yes → → → Right-handed Left-handed
(\$40.00 plus tax – payment for rental clubs made on site)

Payment Information

Space is limited. Reservations are guaranteed only with payment received by **July 10, 2009**.

Indicate the amount you will pay \$_____ (fees are non-refundable)

Check or Money Order VISA MasterCard American Express Discover

| | | |
|-----------------------------------|----------------------|-----------------------------|
| Credit Card Number | Expiration Date | Billing Zip Code (required) |
| Name as it Appears on Credit Card | Cardholder Signature | |

Please return Registration Form and payment to: Calumet Lutheran Ministries, Attn: Ginger Brownell, PO Box 236, West Ossipee, NH 03890. Please contact Ginger with any questions: 603.539.4773, ext 223 or ginger@calumet.org

For additional tournament information, please visit the Calumet website at www.calumet.org

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