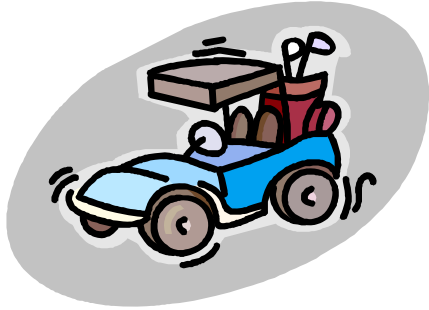
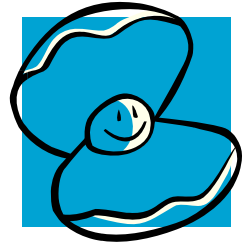


PMPA Northern Ohio Chapter

# ANNUAL GOLF OUTING and CLAMBAKE



**Tuesday, September 18, 2012**

## **Columbia Hills Country Club**

16200 East River Road (State Route 252)

Columbia Station, OH 44028

[www.columbiahills.org](http://www.columbiahills.org)

**TIME:** Golf begins at 1:00 p.m.  
Clambake begins at 5:30 pm

**COST:** Golf & Clambake: **\$115.00 per person**  
*(Includes 18 holes of golf, cart rental, access to driving range & locker room, and clambake dinner)*

**Clambake Only: \$50.00 per person**  
*(Includes 1 dozen Clams, ½ oven Baked Chicken, New England Clam Chowder, Sweet Potatoes, Corn on the Cob, Dessert, Iced Tea, Lemonade, 2 drink tickets)*

*(Please make note of any shellfish allergies or special diet requirements – we will attempt to accommodate as available)*

**TO REGISTER:** Complete the attached Registration Form and FAX with credit card payment to PMPA – 6700 West Snowville Road, Brecksville, OH 44141 no later than **September 11<sup>th</sup>**.

Or register online at:

<http://www.pmpa.org/forms/MeetingCalendar/index?meetingTypes=20>

**QUESTIONS:** Contact Paul Klonowski, Efficient Machine Products, 440-580-0177  
[paulk@efficientm.com](mailto:paulk@efficientm.com)

*Golfers – make up your own foursome, or we can place you in a group.*

*Non-Golfers – come out for the clambake at 5:30 pm!*

# RESERVATION FORM

## Northern Ohio Chapter Golf Outing and Clambake

### Tuesday, September 18, 2012

Name (please print)	Company	Golf & Clambake	Clambake Only
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
TOTAL:		_____	_____

**FEES:**

**\$115.00 per person**  
Golf and Clambake

**\$50.00 per person**  
Clambake Only

**TO REGISTER:**

(1) Online: <http://www.pmpa.org/forms/MeetingCalendar/index?meetingTypes=20>

(2) FAX this form WITH CREDIT CARD payment to PMPA: 440-526-5803

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_ - \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**CANCELLATION POLICY:** Refunds will be made for cancellations made 72 hours prior to the meeting. Otherwise, substitutions are encouraged.