

Precision Machined Products Association  
PMPA Southeast Michigan Chapter

# GOLF OUTING

**Monday, August 26, 2013**

**Pine Lake Country Club**

3300 Pine Lake Road  
West Bloomfield Township, MI

**Golf Outing:** \$125.00 per person  
**Dinner Only:** \$ 25.00 per person



- 1:00 pm Shotgun Start / Scramble Format
- 18 Holes of Golf, Cart, Range Balls
- Boxed Lunch
- Raffle Prizes
- BBQ Dinner following Golf
- Cash Bar available during and after the round
- Register your own foursome or we will assign you to one!
- Golf attire required. (No jeans; must have collared shirt)

*This is a great opportunity to reconnect with your fellow PMPA Chapter members, entertain customers or business associates, or just enjoy a round of golf with co-workers. Join us for an afternoon of networking and fun!*

**To Register:**

- Complete the attached Registration Form and FAX with credit card payment to:  
PMPA – 440-526-5803 **no later than August 21, 2013.**
- Or register online:  
<http://www.pmpa.org/forms/MeetingCalendar/index?meetingTypes=24>

**Would you like to be a sponsor?**

Contact Pat Lowman, Superior Stainless & Alloys.

PHONE: 248-269-8200 EMAIL: [pat@superiorstainless.com](mailto:pat@superiorstainless.com)

**PMPA Southeast Michigan Chapter Officers**

Chairman - Patrick Lowman, Superior Stainless & Alloys LLC  
Vice Chairman – Kevin Johnson, Mid-West Screw Products Co.  
Secretary/Treasurer – Jan Weigand, Mercury Manufacturing Company

# REGISTRATION FORM

PMPA Southeast Michigan Chapter Golf Outing  
Monday, August 26, 2013

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

## Fees:

**\$125.00 per person**

18 Holes of Golf with Cart

Boxed Lunch

BBQ Dinner (Cash Bar)

**\$25.00 per person**

Dinner Only

**\$500.00 Golf Outing Sponsor**

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## TO REGISTER:

(1) Online: <http://www.pmpa.org/forms/meeting/MeetingFormPublic/view?id=22B8600000088>

(2) OR, 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: \_\_\_\_\_

Security ID# \_\_\_\_\_ Amount: \$ \_\_\_\_\_

*\*all information above is REQUIRED in order to process payment. Thank you.*

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