

Precision Machined Products Association
PMPA Illinois Chapter

ANNUAL GOLF OUTING

Thursday, September 10, 2015

Old Orchard Country Club

Mount Prospect, Illinois



<i>Shotgun Start:</i>	<i>11:00 am</i>
<i>Cash Bar Reception:</i>	<i>4:00 pm</i>
<i>Buffet Dinner:</i>	<i>5:30 pm</i>

<i>Golf & Dinner:</i>	<i>\$125.00</i>
<i>Dinner Only:</i>	<i>\$ 30.00</i>

The **2015 Illinois Chapter Golf Outing** will be held on **Thursday, September 10th**, at the **Old Orchard Country Club**, in **Mount Prospect**. Join us for this annual event of networking and fun to benefit the Illinois Chapter and the programs we all enjoy!

PRIZES: Hole prizes will be awarded for longest drive, closest to the pin, straightest drive and a putting contest.

FORMAT: Foursome best ball scramble

SPONSORSHIPS: Hole sponsorships are available. Complete the attached Registration Form and FAX with credit card payment to PMPA – 440-526-5803.

TO REGISTER:

Complete the attached Registration Form and FAX with credit card payment to PMPA – 440-526-5803.

Or register online:

<http://www.pmpa.org/forms/meeting/MeetingFormPublic/view?id=41B6600000770>

DEADLINE TO REGISTER: Friday, September 4, 2015

FOR MORE INFORMATION: Contact Jim Wrenn – 708-267-1098

REGISTRATION FORM

PMPA Illinois Chapter Golf Outing

September 10, 2015

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

FEES:

\$125.00 per person

18 Holes of Golf with Cart

Lunch at the Grill after 9 Holes

Buffet Dinner (Cash Bar)

\$30.00 per person

Dinner Only

HOLE SPONSORSHIP

Would you or your company like to sponsor a hole? Names and sponsors will be prominently displayed at each Tee Box.

Deadline for sponsorship is Friday, August 21, 2015. ☐ **\$200.00 per hole**

Name: _____ Company: _____

REGISTER (no later than September 4, 2015):

(1) **Online:** <http://www.pmpa.org/forms/meeting/MeetingFormPublic/view?id=41B6600000770>

(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: _____ Security # _____

Amount: \$ _____