

AABOR 16th Annual Charity Golf Outing

THURSDAY, AUGUST 12, 2010

(Limited to 144 Golfers)

To Benefit: Rebuilding Together Summit County

Outing Activities:

- 50/50 Raffle
Raffle Prizes including: Taylor Made Driver, Adams Golf 2 and 4 Iron, Nike Putter, Callaway golf bag and much more!
- Mulligan and Skins Game
- Special Team Prize Drawing
- Door Prizes
- Full Breakfast
- Lunch
- Watering Holes and Beverage Carts
- Dinner in the Banquet Room



Golf Outing Details:

- LOCATION:** MAYFAIR COUNTRY CLUB, 2229 Raber Road, Uniontown, OH 44685
- START:** Shot Gun Start—9:15 a.m.
Registration/Full Breakfast—7:30-9:00 a.m. in the banquet room
Breakfast includes: eggs, hash browns, sausage, biscuits, grits, and beverages
- FORMAT:** Four Person Scramble
- TEE TIMES:** No reservations for course assignment will be accepted without prior payment of all fees.
- LUNCH:** 11:00 a.m.-1:00 p.m.—Hamburgers, hot dogs, baked beans and potato salad.
- REFRESHMENTS:** Two non-alcoholic beverage carts and three non-alcoholic watering holes on the course. Canned domestic beer will be available to players for \$1 each.
- DINNER:** 4:00 p.m.— Dinner Banquet Room
- COST:** Golf Package Only—**PRICE REDUCED** to \$75 per person which includes 18 holes of golf, cart, full breakfast, hot lunch, dinner, and non-alcoholic beverages.
Dinner Only—\$20.
- QUESTIONS:** Call Sherry Waples at the Board Office at (330) 434-6677, ext 125 or e-mail her at Sherry.Waples@AABOR.com
- PLEASE NOTE:** NO PHONE RESERVATIONS WILL BE ACCEPTED. CANCELLATIONS MUST BE MADE 14 DAYS PRIOR TO THE OUTING IN ORDER TO RECEIVE A REFUND

See Page 2 to Register

AABOR 16th Annual Charity Golf Outing Reservation Form
Return to: Sherry Waples, Akron Area Board of REALTORS®, P.O. Box 1663, Akron, OH 44309

Please Note: This form must be completed in its entirety! Make checks payable to AABOR. No course assignments will be made without payment in full.

_____ **GOLF PACKAGE.** Enclosed is payment in the amount of \$_____ for _____ tickets at \$75 ea. **COMPLETE PAYMENT MUST BE ENCLOSED.**

_____ **DINNER ONLY.** Enclosed is payment of \$_____ for _____ tickets at \$20 each.

NAMES (PLEASE LIST COMPLETE FOURSOME):

MAIL ALL TICKETS TO:

Name: _____
Company: _____
Address: _____
Email: _____ Phone: _____

METHOD OF PAYMENT: _____ Check _____ Visa _____ MasterCard

Credit Card Number: _____ Exp. Date: _____

Signature: _____

Cancellations must be made 14 days prior to outing to receive a refund.

FOR OFFICE USE ONLY: Batch #: _____ Date: _____ Amt. Paid: _____