CPA/St. Bartholomew Holy Name Society

2022 14th Annual Charity Golf Outing



Complete Form and Mail Check. First 36 PAID Foursomes Reserved

Team Captain (Player 1) : _____

Email: _____

Phone: ______

Address: _____

City/State/Zip: _____

REGISTER YOUR TEAM TODAY!

Foursome

Team Name:		
220		
	amail address far sach player	

Please provide an email address for each player. This will be the main contact method used.

Fees

Team

Individual \$125 (we will pair you with other players)

\$30 Dinner Guest Only ____ x \$30 = \$_____

\$500

Grand Total \$_____

Make Checks payable to Cleveland Polka Association Mail form with check to: Wayne Slepecky 3920 Granger Road Medina, OH 44256



Visit Briarwood Golf Club

https://www.golfbriarwood.com/

Date

Saturday Aug 27,2022

Time

Check-in: 8:00 AM Shotgun Start: 10:00 AM

Place

Briarwood Golf Club 273 W. Edgerton Rd. Broadview Hts, OH 44117

Questions

Phone: 330-461-1771 Email:<u>wayneslepecky@gmail.com</u> Wayne Slepecky

Registration fees include:

10:00AM Shotgun start

4-man scramble

18 holes of golf

 $\frac{1}{2}$ cart

Lunch

Polish themed dinner

Complimentary beer and refreshments

and chances to win GREAT PRIZES