



TEAM REGISTRATION
 Ingham County Bar Foundation
 14th Annual Memorial Golf Classic:

Thursday, June 28, 2018 @ 9am
 Hawk Hollow
 15101 Chandler Road
 Bath Township, Michigan 48808



A share of the proceeds will benefit the Veterans' Treatment Court.

9:00 a.m. – 10:00 a.m. Registration, Team Photos, Driving range
 10:00 a.m. Shot Gun Start
 4:00 p.m. Program/Awards Reception

Mail form & Payment to: ICBF, PO Box 66, Grand Ledge MI 48837.

The number of participants is _____

Early Bird Registration Pricing for those who Register BEFORE May 25, 2018!

Young Lawyers (up to age 35, or 5 years or less in practice): \$100/person _____ x \$100
 All Others: \$125/person _____ x \$125

Registration after May 25, 2018

Young Lawyers (up to age 35, or 5 years or less in practice): \$125/person _____ x \$125
 All Others: \$135/person _____ x \$135

Reception Only \$30.00/person

(For those who cannot golf but would like to attend the Program/Awards @ 4:00 p.m.) _____ x \$30

Mulligans. Each team has the opportunity to pay for 1 Mulligan/golfer. _____ x \$5

Skins. Each team has the opportunity to buy in at the cost of \$20 for the team. _____ x \$20

Total \$ _____

Team Captain (This person is golfing and or coordinating the foursome)

Team Captain : _____

Firm or company name: _____

Address: _____

City _____ State _____ Zip _____

Email _____ Phone _____

Signature _____

****You must fill out the name and contact information for your Golf Team Participants (page 2)****

Foursome participants:

Golfer #1 - Full name: _____

Firm or company name: _____

*Address: _____

City _____ State _____ Zip _____

Email _____ Phone _____

Guest or member of your firm (circle one) Judge yes no

I am paying for this golfer yes no

Golfer #2 - Full name: _____

Firm or company name: _____

*Address: _____

City _____ State _____ Zip _____

Email _____ Phone _____

Guest or member of your firm (circle one) Judge yes no

I am paying for this golfer yes no

Golfer #3 - Full name: _____

Firm or company name: _____

*Address: _____

City _____ State _____ Zip _____

Email _____ Phone _____

Guest or member of your firm (circle one) Judge yes no

I am paying for this golfer yes no

Golfer #4 - Full name: _____

Firm or company name: _____

*Address: _____

City _____ State _____ Zip _____

Email _____ Phone _____

Guest or member of your firm (circle one) Judge yes no

I am paying for this golfer yes no

***Physical Address required for ALL golfers.**

Payment MUST be received before date of event. For a refund, cancellations must be received in writing at least 72 hours in advance of the event less \$25.00 administration fee.

For more information call Kurt Krause 517-214-1563 or Jackie Dupler 517-272-6355