



RICHFIELD CHAMBER OF COMMERCE
 "LINKS FOR EDUCATION" ANNUAL GOLF OUTING
 (With Over \$100,000 in Scholarships to Revere Students)
 SPONSORED BY GMS



DATE: Wednesday, June 11, 2025
 LOCATION: St. Bernard Golf Club
 5364 Streetsboro Road -- Richfield
 GOLF: 4 Person Scramble (**soft spikes only**)

Check-in/Lunch Begin at 11:30 a.m.
 Putting Contest from 11:30 a.m.-12:45 p.m.
 Shotgun Start at 1:00 p.m.
 Contests/Raffle throughout event
 Dinner after golf (steak or chicken)

FEES: **Super Ticket** **\$420 per foursome by 6/1; \$440 per foursome after 6/1 (this package available to foursomes only)**
 (includes hot dog for lunch, greens fee for 18 holes of golf, cart, refreshments, dinner, skins, 2 raffle tickets per golfer and special gift for each member of the foursome)

Regular Golf **\$380 per foursome by 6/1; \$400 per foursome after 6/1**
 (includes hot dog for lunch, greens fee for 18 holes of golf, cart, refreshments, dinner and special gift for each golfer)

Dinner Only **\$35 per person**

Mulligans (\$5/person) and skins (\$20/foursome for those not on the Super Ticket) will be sold the day of the event

PLEASE COMPLETE AND MAIL THIS FORM ALONG WITH YOUR CHECK MADE PAYABLE TO:
 "Richfield Chamber of Commerce" 4300 W. Streetsboro Road Richfield, Ohio 44286

Golf Foursome

(All foursomes must be on the same fee "package")

	Dinner (indicate steak or chicken)	Super Ticket	Regular Golf
<u>Price By 6/1</u>		<u>\$420/4some</u>	<u>\$380/4some</u>
<u>Price After 6/1</u>		<u>\$440/4some</u>	<u>\$400/4some</u>
Name: _____	_____	_____	_____
(Team Captain)			
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____

Dinner Only

(indicate steak or chicken)

\$35/person

Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____

TOTAL AMOUNT ENCLOSED (CHECK PAYABLE TO "RICHFIELD CHAMBER OF COMMERCE") \$ _____
 (TO PAY BY SQUARE, CONTACT KAREN AS LISTED BELOW. YOU WILL NEED TO COVER THE PROCESSING FEE)

Company Name (if applicable): _____

Address: _____
 (street---or p.o. box # if applicable) (city) (zip code)

Phone Number: _____ Email Address: _____

PAYMENT IN FULL MUST ACCOMPANY REGISTRATION FORM. IF PAYING BY SQUARE, INDICATE THAT ON THIS FORM.
*****80 GOLFER LIMIT - REGISTRATION ON FIRST COME BASIS*****
REGISTRATION DEADLINE: JUNE 1 (\$5 LATE FEE PER GOLFER ASSESSED AFTER JUNE 1)