



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 10, 2026  
 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. and from 4:00-5:00 p.m.  
 Shotgun Start at 1:00 p.m.  
 Contests/Raffle throughout event  
 Dinner after golf (steak or chicken)

FEES: **Super Ticket \$440 per foursome by 6/1; \$460 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 (beer, water, pop), dinner, skins, 2 raffle tickets per golfer and special gift for each member of the foursome)

**Regular Golf \$400 per foursome by 6/1; \$420 per foursome after 6/1**  
 (includes hot dog for lunch, greens fee for 18 holes of golf, cart, refreshments (beer, water, pop), 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>\$440/4some</u>	<u>\$400/4some</u>
<u>Price After 6/1</u>		<u>\$460/4some</u>	<u>\$420/4some</u>
Name: _____	_____	_____	_____
(Team Captain)			
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____

**Dinner Only**

(indicate steak or chicken)

\$35/person

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)**