

2016 GMAR Kettle Moraine Council/ORA Golf Outing

September 22nd, Scenic View Country Club, Slinger

Spouses, Friends & Family are also welcome!



9 holes w/ cart, dinner, 2 beverage tickets

Registration at 1:00pm, 2:00pm start

OR

18 holes w/ cart, lunch, dinner, 2 beverage tickets

Registration at 10:30am, 11:30am shotgun start

Lunch: Grilled burger/brat, chips and pickle

Dinner buffet: Chicken marsala, BBQ ribs, chef's choice of starch, dinner rolls, green salad, cold salads, veggies & dip, relish tray, dressings and dessert

Dinner only option available for non-golfers:\$20.00

INCLUDED with your paid entry is a FREE ROUND OF GOLF at Scenic View Country Club

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Pricing

9 holes: \$220/foursome and \$55/individual

18 holes: \$300/foursome and \$75/individual

Washington County Charity: *The proceeds from this year's event will go directly to the Youth Foundation. The Youth Foundation began in 1951 by local builder Arthur Richards & helps children & young adults in the areas of Education, Social Services & the Arts.*

Ozaukee County Charity: *The proceeds from this year's event will go directly to HeartSafe Wisconsin, an organization started by Affiliate member, Jeff Schoen and his wife Tammy, whose 10 yr old son, Grant, died from cardiac arrest.*

Contact the following with questions:

Washington County Chair: Kelly Leitner 262-644-7085

Ozaukee County Chair: Tina Dorward 262-375-4730

Please complete the attached form & return no later than 9/12/16!

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\$220/foursome and \$55/individual

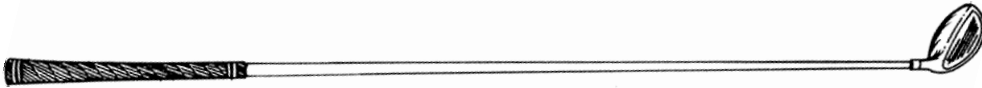
Names of golfers in your group:

Name: _____ Company & E-mail _____

Name: _____ Company & E-mail _____

Name: _____ Company & E-mail _____

Name: _____ Company & E-mail _____



18 holes:

\$300/foursome and \$75/individual

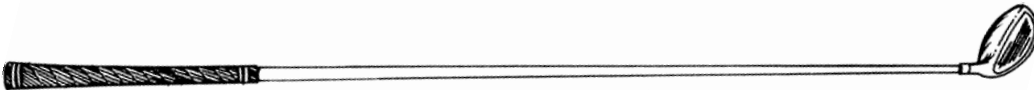
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Dinner (\$20) for non-golfers: Dinners # _____ Name(s) _____

I would like to bring a raffle prize to the event. Your Name _____

Payment:

*I have enclosed a check made payable to GMAR for \$ _____.

*Please charge my CC for \$ _____ Name as it appears on the card: _____

Credit Card type: MC or Visa

Credit Card Number: _____

Expiration Date _____

Please mail to:
GMAR Kettle Moraine Council
12300 W. Center Street
Milwaukee, WI 53222
OR
Email michelle@gmar.ws