

Wednesday, June 12, 2024 Timber Trace Golf Club One Champions Circle Pinckney, MI 48169

## **2024 MPF Golf Classic Registration**

Flight: 
Men's 
Mixed 
Women's

Player #1 Name:	E-mail:
Player #2 Name:	E-mail:
Player #3 Name:	E-mail:
Player #4 Name:	E-mail:

**Format:** The format is an 18-hole, 4-person scramble. Men's, women's, and mixed-team flights are permitted. Golfer packages that include string and drink tickets will be available for purchase at registration for use on the course.

**Foursomes:** Individuals may make up their own teams. Each team must submit a completed registration form listing the players on their team. Individuals signing up to play as a single will be placed in a foursome and assigned teammates.

**Registration Fees: "Early Bird" registration fees \$175 per individual registration and \$650 per foursome\*\*. Payments must be received on or before May 19th in order for early registration discounts to apply.** Beginning May 20th through on-site registration, the registration fees will be \$190 per individual registration and \$750 per foursome registration. A **\$25 administrative fee will be charged for cancellations received on or before June 7th. After June 7th, refunds will not be granted.** 

**\*\*Note:** Foursome payments must be received at the same time to secure the foursome rate.

Registration includes greens fees and cart, driving range use, lunch at the turn, and awards ceremony.

As a special gift, a free golf glove will be provided for those who register by May 17, 2024 E-mail Rick Drabek @ <u>rdrabek@michiganpharmacists.org</u> with glove hand and size by May 19<sup>th</sup>.

		a.m. a.m.	Registration, driving range, and putting green open Sale of golfer package and registration for putting contest Putting contest Play (shotgun start) Awards ceremony			
) H				AYMENT INFORMATION ayment Option: <u>MPFgolf.org</u>		
HAS A			<ul> <li>Check payable to MPF in the amount of: \$</li> <li>Credit card payment in the amount of: \$</li> <li>Card Type: </li> <li>VISA </li> <li>MasterCard </li> <li>AmEx</li> </ul>			
		Card Num	ber:		_CVV Code:	,
		Expiration	Date:	Signature:		
		Print Name	ne:E-mail:			
		Address:				
		City:		State:	Zip:	

Return to: Michigan Pharmacy Foundation • 408 Kalamazoo Plaza, Lansing, MI 48933 Phone: (517) 377-0227 Fax: (517) 484-4893