



PIAVA/DC Special Olympics Golf Tournament
 The Brookwoods Golf Club - Quinton, VA
 Monday, May 13, 2019
Golfer Registration Form



Complete and return to: PIA VA/DC 8751 Park Central Dr., Ste 140, Richmond, VA 23227
 Phone: (804) 264-2582 Fax: (804) 266-1075 carol@piavadc.com www.piavadc.com

When: Monday, May 13, 2019 **Time:** 11:30 am Registration and Putting Contest
 1:00 pm Tee Off (Awards and refreshments at conclusion)

Where: The Brookwoods Golf Club, 7325 Club Drive, Quinton, VA 23141, Tel. (804) 932-3737

Cost:
 Individual: \$85 / person (includes greens fee, cart, box lunch & refreshments on the course and at the end of the day)
OR

Golf Package: \$425 includes four player packages **plus** Golf Sponsor Signage on one Hole

Directions: Located between Richmond and Williamsburg, Virginia. From Interstate 64 take Exit 205 (Bottoms Bridge) to Route 60. At the traffic light turn left on Route 60 East. Go 7/10th mile and turn left onto Route 1201 (Brook Boulevard). Take the second left turn onto Club Drive. The entrance to the Clubhouse is on the right.

Cancellation Policy Substitutions are allowed. No refunds for cancellations received after April 26.

\$20 Golf Package (Cash Only)
3 Mulligans

1 Shot from the Ladies tee

This package will be available for purchase on-site along with a 50/50 raffle.

All proceeds benefit Special Olympics

Windshield Repair Available

Rob's Glassworks will be on-site to repair your damaged windshield while you play.

Check **ONE:** _____ Single Player (\$85) _____ Register multiple players (up to 4 players) (\$85 ea) * _____ Golf Package (\$425)
 *If each player is paying separately, please note below.

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

Main Contact Person, please complete the following:

Main Contact Name: _____

Contact Business Name: _____

Contact Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Payment Information: _____ Check being mailed _____ Charge the following card

Card # _____ Exp. _____ Security Code _____

Name on Card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____



Joy

Let me win. But if I cannot win, let me be brave in the attempt.

CONTRIBUTE
 Make a Difference

DONATE NOW!

