

# The Kimberley W. Harwood Memorial Golf Tournament with PIAVA/DC

Benefiting Special Olympics Virginia  
The Brookwoods Golf Club - Quinton, VA  
Monday, May 4, 2020  
**Golfer Registration Form**



Complete and return to: PIA VA/DC, 1059 Technology Park Drive, Glen Allen, VA 23059  
Phone: (804) 264-2582 Fax: (804) 266-1075 [carol@piavadc.com](mailto:carol@piavadc.com) [www.piavadc.com](http://www.piavadc.com)

**When:** Monday, May 4, 2020 **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 24.

**\$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: \_\_\_\_\_

