

# Michigan From The Heart 23<sup>rd</sup> Annual Golf Classic

Monday, June 17th, 2019  
Travis Point Country Club

## Golfer Registration Form

**Start Time:** 8 AM Registration, Breakfast and Warm Up  
9 AM Team Photo  
10 AM Shotgun Start

Banquet immediately following with presentations by former University of Michigan student-athletes and C.S. Mott Children's Hospital families (~4:00 PM)

**Format:** Scramble

**Contests:** Hole-in-One, Putting, Longest Drive, Closest to Pin, , and More!

**Fee Includes:** Breakfast, Lunch, and Dinner, Beverages, snacks on course, Golf Green and Cart Fees.

**Registration Deadline:** Registrations will be accepted on a first-come, first-served basis  
*Please note: We are limited to accepting 144 golfers*

Description	Number	Price	TOTAL
Four-Person Team		\$600	
Individual Golfer		\$150	
Additional Dinner Ticket Only		\$60	
I am unable to attend, but have enclosed a tax-deductible donation to <i>Michigan From The Heart</i>			
TOTAL ENCLOSED			

Make checks payable to **Michigan From The Heart**. Please mail registration form and payment to: **Michigan From The Heart Golf Classic – P.O. Box 459 – Dexter, MI 48130**  
Register and Pay online at [www.michiganfromtheheart.org](http://www.michiganfromtheheart.org)

Paying by Credit Card? Questions? Contact,

Dan Dapprich at (734) 660-7017 email [dan@michiganfromtheheart.org](mailto:dan@michiganfromtheheart.org) or

Dick Lundy at (734) 645-2364 or [rblundy@gmail.com](mailto:rblundy@gmail.com)

## Golfer Roster

Registration confirmation, arrival instructions, contest details, directions, and the final schedule of the day's events will be sent to all golfers via email this year.

**\* Please note: Email address will strictly be used for golf outing communications only.**

**Golfer #1 Name:**  
**(primary contact)**

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**Email:**

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**Address:**

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**City, State, Zip Code:**

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**Telephone:**

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**Golfer #2 Name:**

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**Email:**

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**Address:**

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**City, State, Zip Code:**

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**Golfer #3:**

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**Email:**

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**Address:**

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**City, State, Zip Code:**

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**Golfer #4:**

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**Email:**

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**Address:**

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**City, State, Zip Code:**

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**Name(s) of  
Additional Dinner  
Attendees:**