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DRMA Annual Golf Outing Registration Form

Date: Monday, July 10, 2017
Time: 7:30 a.m. Morning tee off
 1:00 p.m. Afternoon tee off
 6:00 p.m. Cocktails (cash bar)
 7:00 p.m. Dinner

Place: Walnut Grove Country Club, 5050 Linden Ave.
Cost: Golf & Lunch \$125 (\$45 for WGCC members)
 Dinner \$50 per person
Attire: Proper golf attire; **no jeans permitted**

Contact Name: _____ **Email:** _____
Phone: _____ **DRMA Member Company:** _____

Return this form **with payment** to the Association office via email, fax, or mail (no phone calls, please). Start time will be assigned on a first-come basis. Cancellations with refunds will be accepted through June 30. All name changes must be received by July 5. Confirmations will be sent within 1 week upon receiving registration form. **Participants must be employed by member companies.**

Player Name	DRMA Member Company Name	Golf	Morning 7:30 a.m.	Afternoon 1:00 p.m.	Dinner
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person/company you would like to play with: _____

of Golfers _____ X \$125 = \$ _____
 # of WGCC Member Golfers _____ X \$45 = \$ _____
 # of Dinners _____ X \$50 = \$ _____
 # of Tee/Green Sponsorships _____ X \$200 = \$ _____
TOTAL \$ _____

<input type="checkbox"/> Check (make payable to DRMA Foundation)	<input type="checkbox"/> Credit card (all major cards accepted)
Card #:	
Exp. Date:	CVV Code:
Billing Zip Code:	

*Net proceeds from the outing will be contributed to the DRMA Foundation, a 501(c)3 organization.
 Consult your professional income tax advisor to determine the amount, which may be deductible as a business expense or a charitable contribution.*