

18TH ANNUAL

Bob DeYoung Hope Classic Golf Outing Registration Form

Monday, June 12, 2017 at the Ravines Golf Club

Golfers of all ages and skill levels are welcome at this 18-hole scramble with foursome play. There is limited space at this popular event and tee times are assigned on a first-come first-served basis. Sign up as a single, with a friend, or as a foursome. Teams will be placed in one of four divisions based on the average 18-hole scores provided below.

Register by returning this form or by calling 616.395.7250 before Monday, June 5.

Full payment for all golfers must be received to reserve a spot.

Two Ways to Play \$130 per person

7:00 am Registration & Breakfast
7:45 am Early Bird Shotgun Start
12:00 pm Lunch

12:00 pm Registration & Lunch
1:30 pm Afternoon Shotgun Start

How to Return this Form

1. Mail to: Hope College
Alumni & Family Engagement
141 East 12th Street
Holland, MI 49423
2. Email to: alumni@hope.edu
3. Fax to: 616.395.7899

Registration Information

Your Name (Grad Year)

Address

Phone

Email

I am golfing with a complete foursome (list golfers below).

Assign me/us to another foursome.

Name (Grad Year if Applicable)

Phone

_____ Morning Golf Package at \$130 Avg. 18 Hole Score: _____

_____ Afternoon Golf Package at \$130 **Total For Golfer #1: \$_____**

Name (Grad Year if Applicable)

Phone

_____ Morning Golf Package at \$130 Avg. 18 Hole Score: _____

_____ Afternoon Golf Package at \$130 **Total For Golfer #2: \$_____**

Name (Grad Year if Applicable)

Phone

_____ Morning Golf Package at \$130 Avg. 18 Hole Score: _____

_____ Afternoon Golf Package at \$130 **Total For Golfer #3: \$_____**

Name (Grad Year if Applicable)

Phone

_____ Morning Golf Package at \$130 Avg. 18 Hole Score: _____

_____ Afternoon Golf Package at \$130 **Total For Golfer #4: \$_____**

Payment

Total Golfer Fees: \$_____

Contribution to the Bob & Marcia DeYoung

Scholarship Fund: \$_____

Total Due: \$_____

Payment By Check (Payable to Hope College)

I have enclosed a check for \$_____

Payment By Credit Card (AmEx, Visa, Mastercard, or Discover)

Please charge the above amount to my credit card

Card Number

3-Digit V-Code (on back)

Exp. Date

Billing Address

If you would like more information about corporate sponsorship opportunities, please contact Tricia Cranmer at 616.395.7143 or email cranmer@hope.edu.

- You are responsible for your own replacement in your foursome (no refunds will be issued).
- No jeans or metal spikes allowed.
- Collared or mock neck shirts are required.
- Rain Policy: If play is called, players will receive a voucher for play at a later date. The event will not be rescheduled.