



**MICHIGAN RECREATION & PARK ASSOCIATION**  
**37<sup>TH</sup> ANNUAL SCHOLARSHIP GOLF OUTING**  
**Thursday, September 24, 2009**



- WHO:** Michigan Recreation and Park Association (MRPA) members (requested to have at least one member in each foursome).
- WHAT:** 18 Hole Scramble Golf Tournament, to raise money to support students pursuing an education in the field of Parks and Recreation. Up to \$14,000 in scholarships are awarded to students each year with your generous support. Breakfast, dinner, complimentary beverages on the course, door prizes, 50/50 raffle, mulligans for sale (4 per team), skins and games of chance are included.
- WHEN:** **Thursday, September 24, 2009, 9:30am Start.** Please be at the course by 9:00 am!
- WHERE:** Lyon Oaks, 52251 Pontiac Trail, Wixom - a premier Oakland County Course with an up north feel.
- COST:** \$85 per person. Includes cart (2 per foursome), golf, door prize, awards, on course beverages, dinner, networking and memories!

- > Tee assignments will be made on first come, first served basis upon payment in full of entire foursome.
- > Dinner cancellations must be made at least 10 days prior to the golf outing.

**ORDER OF EVENTS**

8:15 – 9:00am	Check-In and Continental Breakfast
9:30am – 3:00pm	18 Hole Scramble ( <i>complimentary beverages served on course only</i> )
3:30pm	Turn in Score Cards at Scorers Table
3:30pm	Dinner, Cash Bar and Awards Presentation

Special Thank You to Eagle Sponsors:



For more information or sponsorship opportunities, contact the MRPA Office at 517.485.9888

**2009 MRPA Scholarship Golf Outing Registration Form**



Form must be complete and include payment in full for the entire team. A confirmation letter will be sent to the contact person.

Contact Person \_\_\_\_\_ Agency \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Number of Golfers Registering \_\_\_\_\_

Team Member(s)	Contact #	Adult Shirt Size (circle one)
_____	_____	S M L XL XXL
_____	_____	S M L XL XXL
_____	_____	S M L XL XXL
_____	_____	S M L XL XXL

<b>Office Use Only</b> Payment _____ _____ _____ _____
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<b>PAYMENT INFORMATION</b> (Please make checks payable to MRPA) CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD      CC# _____ SIGNATURE _____      EXP DATE _____
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Please send form & payment to: MRPA • 2465 Woodlake Circle, Suite 180 • Okemos, MI 48864 • Fax 517.485.7932

**Reservations confirmed only by PAYMENT IN FULL!**