

# **BROOKFIELD YOUTH FOOTBALL & LACROSSE GOLF CLASSIC**

**MONDAY OCTOBER 4, 2010**

**Ridgewood Country Club  
DANBURY, CT**



Four Player Scramble Format  
Open to all levels of players

Registration - Continental Breakfast 9:00am-10:30am

Shotgun Start 10:30am

Dinner and Awards: 3:00pm

**ALL PROCEEDS TO BENEFIT BROOKFIELD YOUTH  
FOOTBALL AND LACROSSE PROGRAMS**

For Further Information Contact: John Clancy 203-546-8585  
[jclancy@clancymoving.com](mailto:jclancy@clancymoving.com)

**\*\*RAIN DATE 10-11-10**

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FOOTBALL & LACROSSE GOLF CLASSIC**

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**Registration Form**

**\*Registration Deadline 9-24-10**

\$250 per golfer/\$1000 per foursome

Contact Information:

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Foursomes: \_\_\_\_\_ @ \$1,000 \_\_\_\_\_ Names of Golfers: 1. \_\_\_\_\_

Individual Golfers: \_\_\_\_\_ @ \$250 \_\_\_\_\_ 2. \_\_\_\_\_

\*Tee/Green Sponsor \_\_\_\_\_ @ \$100 \_\_\_\_\_ 3. \_\_\_\_\_

Dinner Only \_\_\_\_\_ @ \$50 \_\_\_\_\_ 4. \_\_\_\_\_

TOTAL \_\_\_\_\_

\*Please provide artwork for Tee/Green Sponsor

Method of Payment

- Check Made Payable to Brookfield Youth Football
- Mastercard/Visa

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Total Amount Charged \_\_\_\_\_

Name (as appears on Card) \_\_\_\_\_ Signature: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

MAIL or FAX to: John Clancy C/O Brookfield Youth Football & Lacrosse Golf Classic  
4 Belden Hill Road Brookfield, CT 06804  
Phone 203-546-8585 Fax: 845-878-3315

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