



## Registration Form

**THE COMMUNITY CLASSIC** registration process is fast and easy and requires just a moment of your time.

Golfers will enjoy 18 holes of golf on the beautiful Brookside Country Club Golf Course, a continental breakfast, lunch and open bar cocktail hour, free beverages on course and **COMMUNITY CLASSIC** golf goodies.

Registration is on a first-come, first-serve basis, so get your reservations in early. The cost per foursome is \$2,000. The cost for an individual golfer is \$500. (50% is tax deductible)

**COMMUNITY CLASSIC** proceeds will go to the Central Catholic High School Scholarship Fund and Family Living Center Homeless Shelter of Community Services of Stark County, Inc.

### GOLFER REGISTRATION FORM

It is important to complete all information for each golfer in your group.

If you do not have a foursome; we can arrange pairings for you.

PLEASE provide complete addresses for all participants. They are needed for one of this year's participation gifts.

Please mail the sponsorship form along with your check to Ray Fete at: The Community Classic, 625 Cleveland Ave. NW, Canton, OH 44702

Any questions, call Ray Fete at 330-455-0374 or e-mail Ray at [info@comclassic.com](mailto:info@comclassic.com).

<p style="text-align: right; margin: 0;">Participant #1</p> <p>NAME: _____</p> <p>HANDICAP: _____ INDEX: _____</p> <p>ADDRESS: _____</p> <p>CITY, STATE, ZIP: _____</p> <p>DAYTIME PHONE: _____</p> <p>E-MAIL ADDRESS: _____</p>	<p style="text-align: right; margin: 0;">Participant #3</p> <p>NAME: _____</p> <p>HANDICAP: _____ INDEX: _____</p> <p>ADDRESS: _____</p> <p>CITY, STATE, ZIP: _____</p> <p>DAYTIME PHONE: _____</p> <p>E-MAIL ADDRESS: _____</p>
<p style="text-align: right; margin: 0;">Participant #2</p> <p>NAME: _____</p> <p>HANDICAP: _____ INDEX: _____</p> <p>ADDRESS: _____</p> <p>CITY, STATE, ZIP: _____</p> <p>DAYTIME PHONE: _____</p> <p>E-MAIL ADDRESS: _____</p>	<p style="text-align: right; margin: 0;">Participant #4</p> <p>NAME: _____</p> <p>HANDICAP: _____ INDEX: _____</p> <p>ADDRESS: _____</p> <p>CITY, STATE, ZIP: _____</p> <p>DAYTIME PHONE: _____</p> <p>E-MAIL ADDRESS: _____</p>

**FOURSOME CONTACT PERSON:**

NAME: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

Please accept our payment in the amount of \$ \_\_\_\_\_

(\$500 per individual, \$2,000 per foursome.)

Please invoice me for the cost of the entry.