

# CABOR Golf Outing

August 3, 2009

Grantwood Golf Course

38855 Aurora Rd. Solon

*Special Pricing for '09!*

Register online at [CABOR.com](http://CABOR.com)

or complete the form below and send to CABOR,  
5633 Brecksville Road, Independence, OH 44131 or fax to 216-901-0149.



GOLF OUTING PACKAGES		Early Bird Special	After June 26	
<b>Members</b>				<p>8:30 Check-in</p> <p>Continental breakfast</p> <p>10:00 Shotgun start</p> <p>Lunch at the turn</p> <p>4:00 Dinner</p> <p>Awards &amp; Prizes</p>
Golf foursome	Qty: _____	<input type="checkbox"/> \$340	<input type="checkbox"/> \$400	
Golf Individual	Qty: _____	<input type="checkbox"/> \$85	<input type="checkbox"/> \$100	
Dinner only	Qty: _____	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	
<b>Non-Members</b>				
Golf foursome	Qty: _____	<input type="checkbox"/> \$400	<input type="checkbox"/> \$460	
Golf Individual	Qty: _____	<input type="checkbox"/> \$100	<input type="checkbox"/> \$115	
Dinner only	Qty: _____	<input type="checkbox"/> \$30	<input type="checkbox"/> \$35	
<b>Hole Sponsor</b>	Qty: _____	<input type="checkbox"/> \$175	<input type="checkbox"/> \$175	
<b>TOTAL</b>		\$ _____	\$ _____	

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Names of others in Group (if applicable):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Payable by:  Check (Payable to CABOR)  Visa  Mastercard  Discover

Card # \_\_\_\_\_ exp: \_\_\_\_\_ Signature: \_\_\_\_\_

I would like a receipt

No refunds seven (7) days prior to the event. Payment must accompany reservation.