

205 E. First St., Ste. 202

Dayton, OH 45402

P: (937) 949-4000 / F: (937) 949-4007

[www.DaytonRMA.org](http://www.DaytonRMA.org)

[NKubik@DaytonRMA.org](http://NKubik@DaytonRMA.org)

**DRMA Golf Championship Registration Form**

**Date:** Monday, June 6, 2022 **Place:** Troy Country Club, 1830 Peters Rd., Troy, OH 45373

**Time:** 12:30 p.m. shotgun start **Cost:** $200 per player, includes cart, boxed lunch & Happy Hour

**Attire:** Golf attire; no jeans permitted

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| --- | --- | --- | --- | --- | --- |
| **Contact Name:** | |  | **Email:** |  | |
| **Phone:** |  | | **Company:** | |  |

Return this form **with payment** to the Association office. (No phone calls, please).

Cancellations with refunds will be accepted through May 20.

All name changes must be received by May 27.

**At least half of your players MUST be employed by DRMA member companies.**

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| **Player Name** | **Company Name** | **Handicap\*** |
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\*Must provide a handicap to participate in low net prize scoring; may present handicap at check-in on day of outing.

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| --- | --- | --- | --- |
| Number of Golfers: |  | X $200 = | $ |

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| Check (make payable to DRMA) | | | | | | | | | | | Credit card (all major cards accepted) | | | | | | | | | | |
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| **Card #:** |  |  |  |  |  | |  |  | |  | |  |  | |  |  |  | |  |  |  |
| **Exp. Date:** |  | | | | | **CVV Code:** | | |  | | | | | **Billing Zip Code:** | | | |  | | | |
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*This outing is a fundraiser for the DRMA Foundation, a 501(c)3 organization, which funds DRMA’s workforce initiatives.*

*Consult your professional income tax advisor to determine the amount which may be*

*deductible as a business expense or a charitable contribution.*