



14<sup>th</sup> Annual

# Raymond L. Lammens Memorial *Teddy Bear Classic*

to benefit "32° Masonic Learning Centers for Children, Inc."



**MONDAY, AUGUST 16, 2010**

**Cracklewood Golf Club**

18215 24 Mile Road  
Macomb, Michigan  
(1/2 Mile East of Romeo Plank Road)

**18 Holes of Golf  
Golf Cart**

**(5) Food/Beverage Tickets  
Steak Dinner**

**Gifts, Games, Fun & Fellowship  
Hole-In-One Contest**

**Win \$10,000 !**

*(on par 3 hole #8, professionals excluded)*

**Form a foursome & join us!**

Format: Four Person Scramble  
8:00 a.m. Registration  
9:00 a.m. Shot Gun Start

**All This For Only  
\$85.00**

Make checks payable to: Valley of Detroit Charitable & Educational Foundation

**Cutoff Date: August 6, 2010**

Co-Directors: Don Miller (586)293-8559, Don Kussner (586)293-3157

**Valley of Detroit "Teddy Bear Classic" - August 16, 2010 - Cracklewood Golf Course**

Check all applicable boxes. Complete, detach and mail this form to:

Donald L. Miller, 15803 Kingston Drive, Fraser, MI 48026-2383

- I will sponsor a hole at \$250.00, which I understand is tax deductible.
- I will sponsor a hole and would like to have a foursome in the tournament, all for \$550.00. Names are listed below.
- I will sponsor a sand trap at \$50.00, which I understand is tax deductible.
- I will make a cash or merchandise donation with a retail value of \$ \_\_\_\_\_, which I understand is tax deductible.
- I plan on *Dinner Only*. I am enclosing a check for \$25.00.
- Sorry, I cannot attend, but please accept my tax deductible donation in the amount of \$ \_\_\_\_\_.
- Yes! I will play in the Tournament. I am enclosing \$85.00 for each golfer. Please assign me (us) to a foursome if this form does not have four names.

Captain: Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

No. 2: Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

No. 3: Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

No. 4: Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_