



TEAM REGISTRATION
Ingham County Bar Foundation
18th Annual Memorial Golf Classic:

Thursday, August 3rd, 2023
Hawk Hollow
15101 Chandler Road
Bath Township, Michigan 48808



In previous years, a share of the proceeds has benefitted the Veterans' Treatment Court.

Format – Scramble/Best Ball
8:00 a.m. – 9:00 a.m. Registration, Driving range
9:00 a.m. Shotgun Start

Mail form & Payment to: ICBF, PO Box 66, Grand Ledge MI 48837. Or pay online @ <https://icbf-18th-annual-golf.eventbrite.com>

The number of participants is _____

Golfer Registration \$175.00/person on or before 7/13, \$225.00/person after 7/13

Includes: 18-holes of golf, Lunch, 2 beverage tickets on golf course

Mulligans. Each team has the opportunity to pay for 1 Mulligan/golfer. _____ x \$10

Skins. Each team has the opportunity to buy in at the cost of \$25 for the team. _____ x \$25

Total \$ _____

Team Captain (This person is ☐ golfing and or ☐ coordinating the foursome)

Team Captain : _____

Firm or company name: _____

Address: _____

City _____ State _____ Zip _____

Email _____ Phone _____

Signature _____

****You must fill out the name and contact information for your Golf Team Participants (page 2)****

Foursome participants:

Golfer #1 - Full name: _____

Firm or company name: _____

*Address: _____

City _____ State _____ Zip _____

Email _____ Phone _____

Guest or member of your firm (circle one) Judge ☐ yes ☐ no

I am paying for this golfer ☐ yes ☐ no

Golfer #2 - Full name: _____

Firm or company name: _____

*Address: _____

City _____ State _____ Zip _____

Email _____ Phone _____

Guest or member of your firm (circle one) Judge ☐ yes ☐ no

I am paying for this golfer ☐ yes ☐ no

Golfer #3 - Full name: _____

Firm or company name: _____

*Address: _____

City _____ State _____ Zip _____

Email _____ Phone _____

Guest or member of your firm (circle one) Judge ☐ yes ☐ no

I am paying for this golfer ☐ yes ☐ no

Golfer #4 - Full name: _____

Firm or company name: _____

*Address: _____

City _____ State _____ Zip _____

Email _____ Phone _____

Guest or member of your firm (circle one) Judge ☐ yes ☐ no

I am paying for this golfer ☐ yes ☐ no

***Physical Address required for ALL golfers.**

Payment MUST be received before date of event. For a refund, cancellations must be received in writing at least 72 hours in advance of the event less \$25.00 administration fee.

For more information contact Staff at (517) 627-8700 or at lawry@icb-foundation.org
Complete and mail with check to PO Box 66, Grand Ledge Michigan 48837. Make check payable To ICBF.