



Ronald McDonald
House Charities®
Maryland

Keeping families close

MARYLAND CHAPTER CFMA BRUCE TABLER MEMORIAL GOLF OUTING @



6100 Marshalee Drive, Elkridge, MD 21075 <http://www.timbersgolf.com/>

Friday, September 24, 2021

**COST: CFMA Members: \$150/person
Non-Members: \$170/person**

Registration: 7:00 a.m.
Continental breakfast: 7:00-9:00 a.m.
Shotgun Start: 9:00 a.m. (Four Person Team Scramble)

Deluxe Cookout Buffet Lunch - Refreshments provided on course

Prizes for: 1st, 2nd, 3rd, Longest Drive, Closest to the Pin & Hole-in-One

REGISTER BY: Friday, September 17, 2021

*A portion of the profits will be donated to ..
the Ronald McDonald House Charities in memory of Bruce Tabler, our former CFMA- MD Chapter President*

PAYMENT



Mail check:

Payable to: **CFMA-Maryland Chapter**
 Mail to: Adair & Associates, Attn: CFMA Golf
 2205 Warwick Way, Ste 300
 Marriottsville, MD 21104



Credit Card:

Email completed 'One Time Credit Card Payment Authorization Form' (next page) to: cfmmaryland@gmail.com



CFMA Website:

Individual Player Registration (no groups or sponsorships)
<https://maryland.cfma.org/events/details/bruce-tablet-memorial-golf-outing>

REGISTRATION

Complete & return this page via email by Friday, September 17th to: pgibbonscfma@yahoo.com

CONTACT INFORMATION (please print):

Contact Person: _____
 Company Name: _____
 Phone: (____) _____
 Email: _____

GOLFER'S REGISTERED (please print):

<u>Name:</u>	<u>Company:</u>
#1 _____	_____
#2 _____	_____
#3 _____	_____
#4 _____	_____

of golfers (CFMA Members) _____ x \$150 per person = \$ _____
 # of golfers (NON-Members) _____ x \$170 per person = \$ _____
TOTAL REGISTRATIONS: \$ _____

INDIVIDUAL PLAYER REGISTRATION/PAYMENT (PayPal) via the CFMA Maryland Chapter website:

<https://maryland.cfma.org/events/details/bruce-tablet-memorial-golf-outing>

SPONSORSHIPS

(Cut off order date: 9/17/2021)

(Sponsorship sign up – please email pgibbonscfma@yahoo.com [include company logo [see below for acceptable formats] in email with sign up] [see above information regarding payment])

- Hole Sponsor \$100
- Hole Sponsor (with a registered foursome) \$50
- Hole-In-One Sponsor \$500
- Beverage Cart Sponsor \$500
- Breakfast Sponsor \$500
- Lunch Sponsor \$500

TOTAL SPONSORSHIPS: \$ _____

For signage, provide (pgibbonscfma@yahoo.com) sponsoring company logo in one of the following graphic file formats: .ai, .cdr, .pdf, .eps



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the [Maryland Chapter of the CFMA](#) to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize [Maryland Chapter of the CFMA](#) to charge my credit card

(full name)

account indicated below for _____ on or after _____ This payment is for

(amount)

(date)

(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV Code _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.