



GOLF OUTING
MONDAY, SEPTEMBER 11, 2017

BLOOMINGDALE GOLF CLUB
181 GLEN ELLYN ROAD, BLOOMINGDALE, IL

\$100 PER GOLFER - \$375 PER FOURSOME - \$40 LUNCH ONLY

SCHEDULE OF EVENTS:

7:00 A.M.- REGISTRATION/RANGE

8:00 A.M.- SHOTGUN START

1:30 P.M.- COCKTAILS/LUNCH

PLEASE RESERVE:

___ FOURSOMES @ \$375 EA. ___ INDIVIDUALS @ \$100 EA.
___ LUNCH @ \$40 EA.

GOLFERS NAMES: _____

PAYOR NAME _____ ORGANIZATION _____

ADDRESS _____

PHONE _____ EMAIL _____

TOTAL AMOUNT OF PAYMENT: \$ _____

(PLEASE MAKE CHECKS OUT TO CISCO.)

CREDIT CARD TYPE (PLEASE CHECK): ___ VISA ___ MC ___ AMEX

NAME ON CARD: _____

CARD # _____ EXP. DATE: _____

REGISTRATION DEADLINE: SEPTEMBER 5, 2017

PLEASE FILL OUT FORM AND RETURN PAYMENT BY MAIL OR FAX TO:

CONSTRUCTION INDUSTRY SERVICE CORPORATION
999 MCCLINTOCK DRIVE, SUITE 100 - BURR RIDGE, IL 60527
PHONE: (630) 472-9411 - FAX: (630) 472-9413



SPONSORSHIP FORM

- HOLE SPONSOR: \$200 *PREFERRED HOLE: #* _____
- BEVERAGE SPONSOR: \$300
- HALFWAY HOUSE SPONSOR: \$300
- LUNCH SPONSOR: \$500

Organizations may also donate logo materials such as hats, towels, shirts or golf balls to distribute at the registration table or as prizes to be given away following the conclusion of play. Please indicate whether you would like to provide any such items as giveaways or raffle prizes. Your organization's name will be prominently mentioned.

- REGISTRATION GIVEAWAYS/QTY: _____
- PRIZE DONATION/QTY: _____

PAYOR NAME _____ ORGANIZATION _____
ADDRESS _____
PHONE _____ EMAIL _____

TOTAL AMOUNT OF PAYMENT: \$ _____
(PLEASE MAKE CHECKS OUT TO CISCO.)

CREDIT CARD TYPE (PLEASE CHECK): ___ VISA ___ MC ___ AMEX
NAME ON CARD: _____
CARD # _____ EXP. DATE: _____

SPONSORSHIP DEADLINE: SEPTEMBER 1, 2017

PLEASE FILL OUT FORM AND RETURN PAYMENT BY MAIL OR FAX TO:

CONSTRUCTION INDUSTRY SERVICE CORPORATION
999 MCCLINTOCK DRIVE, SUITE 100 - BURR RIDGE, IL 60527
PHONE: (630) 472-9411 - FAX: (630) 472-9413