

17th ANNUAL

MIDWESTERN AMPUTEE GOLF TOURNAMENT

SEPTEMBER 8 - 10, 2017

JOIN THE FUN!!

Greetings golfers!

The Midwestern regional tournament will be held this year on Saturday and Sunday September 9 and 10 at St Andrews Golf Course, West Chicago. II. The optional scramble will be Friday September 8.

We emphasize camaraderie and having a good time. You do not need to be a good golfer to participate. We have competition at any level you desire.

Don Zommer, President MWAGA PO Box 1354 Northbrook, IL 60065-1354 630-300-8535 mwaga.info@gmail.com facebook.com/amputeegolf mwaga.org



17TH ANNUAL MIDWESTERN AMPUTEE GOLF TOURNAMENT

SEPTEMBER 8-10, 2017

St Andrews Golf Course 3 N 441 11 Route 59 West Chicago, Il 630-231-3100

FUND RAISING SCRAMBLE FRIDAY SEPTEMBER 8

12:30 PM Shotgun Start......11:00 AM Check-in \$90.00 - Amputees......\$135 – Non Amputees Includes: 18 holes of golf/shared cart, Lunch Voucher......Post-scramble buffet.....Prizes

AMPUTEE TOURNAMENT SATURDAY AND SUNDAY SEPTEMBER 9 & 10

Saturday: Check in – 11:00 AM.....*Tee Times start – 12:00 PM* Banquet – 6:30 PM

Sunday: check in – 7:00 AM.....Shotgun start – 7:30 AM Buffet and awards – immediately after round \$100.00 Amputees

Includes: Saturday & Sunday greens fees/shared cart, Saturday banquet, Sunday buffet and awards lunch

ACCOMMODATIONS

Hilton Garden Inn 4070 E Main St, St Charles, Il 630-584-0700

Mention the Midwestern Amputee Golf Association (MWAGA) when making your reservations at Hilton Garden Inn



17th ANNUAL MIDWESTERN REGIONAL GOLF TOURNAMENT September 8-10, 2017

| NAME: | | | |
|--|--|-----------------------------|------------------------|
| ADDRESS: | | | |
| CITY: | STATE: Z | ЛР: | |
| PHONE #: | ONE #: E-MAIL: | | |
| SPOUSE/GUEST NA | ME: | | |
| Type of amputee | Average score/hdcp | Senior Flight 70 (as of 9/9 |) & older Open Flight |
| TOURNAMENT EN | TRY FEES | | |
| \$100.00 for both days: Amputees only | | \$ | |
| Junior Amputees 17 an | nd under FREE for the first time | \$ FREE | |
| Sat. banquet & Sun Buffet lunch | | \$ Included | |
| FRIDAY SCRAMBL \$135.00 for non-amput \$90.00 amputees | | Team application on back | |
| GUEST \$35.00 for Sat. banquet and Sun buffet lunch | | \$ | |
| CONTRIBUTIONS: | MWAGA General Fund Bud Sanders Memorial Scholarship | \$ 9 Fund \$ | |
| | e Golf Association | \$ | Make checks payable to |



SCRAMBLE TEAM APPLICATION

| Amputee Name: |
|---------------|
| Address: |
| |
| |
| 1. Name: |
| Address: |
| |
| 2. Name: |
| Address: |
| |
| 3. Name: |
| Address: |
| |
| 4. Name: |
| Address: |

Please enclose fees for each scramble player.