A group of people posing for a photo

Description automatically generated with medium confidence **AshleyCan**

**Pediatric Cancer Foundation**

 **Charity Golf Outing**

**Contact:**

**Maureen Montgomery**

**815-922-4106**

[**maureen.ashleycan@gmail.com**](mailto:maureen.ashleycan@gmail.com)

**ashleycan.org**

**Logo

Description automatically generatedA picture containing text, clipart

Description automatically generated**Sponsored by:



**DATE:** **Saturday September 25, 2021**

**WHERE: Coyote Run Golf Course**

**800 Kedzie Ave**

**Flossmoor, IL 60422**

**TIME: 12:30 pm Registration**

**1:30 pm Modified Shotgun**

**COST: $150- Per Golfer**

**Teams of 4. Single Registrants will be put together to make a team**

**Come for Raffles & Dinner: $40**

**Living the Legacy Of**

**Fee Includes: Green Fee, Cart, Lunch Ashley Montgomery**

**2 Drink Tickets & Dinner, Games, Contests,**

A group of men on a golf course

Description automatically generated with medium confidence **Raffles, 50/50, Door Prizes**

A group of people posing for the camera

Description automatically generated ***Remembering Steve O.***

**Registration:**

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Members Names:**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Waiver of Legal Liability**

By signing below, I do hereby release and discharge from liability AshleyCan Pediatric Cancer Foundation,

the directors, organizers, sponsors, supervisors, volunteers of the event, and their representatives,

successors and assigns for all injuries suffered by me in this event, however incurred or sustained. I attest

and verify that I am physically fit and have sufficiently trained for the completion of this event if a running

event. Further, I hereby grant full permission to any and all the foregoing to use any photograph, video,

recording or any other record of this event for any purpose whatever. All events have a no refund policy.

The foundation will make one attempt to reschedule an event that is cancelled due to weather, if possible.

**Golfer’s Signature**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make Checks Payable to AshleyCan. Mail to AshleyCan PO Box 6 Bourbonnais, IL 60914**