 **AshleyCan**

 **Pediatric Cancer Foundation**

 **Charity Golf Outing**

**Contact:**

**Maureen Montgomery**

**815-922-4106**

**maureen.ashleycan@gmail.com**

**ashleycan.org**

****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,**

 **Raffles, 50/50, Door Prizes**

 ***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**