



FRIDAY JULY 29, 2022

**Registration
7:00 - 8:15AM**

**Driving Range Open
7:00 - 8:15AM**

**Continental Breakfast
7:00 - 8:15AM**

**Shotgun Start
8:30AM**

**Boxed Lunch at the Turn
11:30AM**

**Dinner Reception
2:30 - 5:00PM**

**RESERVE YOUR
SPOT TODAY!!!
Limited to 144 golfers.
Non Members Welcome**

**Register, donations &
other information online at:
www.semppes.org**



*Thank You for your support
of SEMPPEs!*



We hope to see you there!



32nd Annual Golf Outing



**-SAVE THE DATE-
Friday July 29, 2022**

**Registration at 7:00AM
Shotgun Start at 8:30AM**



**Mystic
Creek**

One Champions Circle, Milford, MI 48380





REGISTRATION OPTIONS

- **GOLF & DINNER** **\$175 PP**
Includes: Greens fee, cart, breakfast, lunch, dinner & 2 premium drink voucher.
- **DINNER ONLY** **\$50 PP**
Includes: Dinner & 2 premium drink voucher.

SPONSORSHIP LEVELS

- **EAGLE CLUB** **\$700.00**
Includes: Foursome, greens fee, cart, breakfast, lunch, dinner, 2 premium drink voucher, hole sponsorship with logo on Tee Sign, Banner & Player Book, dinner acknowledgment
- **BIRDIE CLUB** **\$600.00**
Includes: Foursome, greens fee, cart breakfast lunch dinner, 2 premium drink voucher
- **GOLF & DINNER** **\$175.00**
Includes: Greens Fee, Can, Breakfast, Lunch, Dinner, 2 premium drink voucher - for 1
- **DINNER ONLY** **\$50.00**
Includes: Dinner, 2 premium drink voucher - for 1
- **\$175.00 HOLE SPONSOR**

ONLINE REGISTRATION:

- Go to www.semppes.org
- On the Meetings tab, find "SEMPPEs Annual Golf Outing"
- Click "Read More"
- Click "Register Now"

-OR-

MANUAL REGISTRATION

- Complete form below and all information to the right
- If paying by check, make payable to: SEMPPEs
- Send completed form and payment to: info@semppes.org

-OR-

SEMPPEs
PO Box 2770
Dearborn, MI 48123

OPTION	QTY	AMOUNT
GOLF & DINNER		
DINNER		
EAGLE CLUB		
BIRDIE CLUB		
HOLE SPONSOR		
GIFT DONATION		
TOTAL		

CONTACT INFORMATION

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

GROUP MEMBERS

CREDIT CARD INFORMATION

Visa MasterCard American Express

Card Holder's Name _____

Account # _____

CVV# _____ Exp. Date: _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____