



**AULTMAN**  
HOME MEDICAL SUPPLY



**Eastern  
Amputee  
Golf Association**

*Proudly presents the:*



**AULTCARE**



## **16th ANNUAL TOM REED MEMORIAL GOLF CLASSIC**

**WHEN:** SATURDAY, AUGUST 18th, 2018  
**WHERE:** PLEASANT VIEW GOLF CLUB  
**TIME:** 8:30 AM SHOTGUN START      4 MAN SCRAMBLE  
**COST:** \$60 PER PERSON  
           \$240 PER TEAM

**Hole-in-One on #17 = \$1000.00 (First Occurrence Only)**  
 Sponsored by Ted's Auto Sales

**FEE INCLUDES 18-HOLES OF GOLF W/ CART AND CATERED MEAL. POP AND WATER WILL BE FURNISHED DURING AND AFTER THE EVENT. HOWEVER, WE ARE REQUESTING DONATIONS OF \$2.00 PER BEER TO HELP RAISE MONEY.**

- **PROCEEDS TO GO TO THE EASTERN AMPUTEE GOLF ASSOCIATION TO SUPPORT THE TOM REED MEMORIAL SCHOLARSHIP FUND FOR STUDENTS WITH AMPUTATIONS.**
- **SIGN-UP: THE FIRST 30 TEAMS PAID WILL BE ACCEPTED SIGN-UP AND PAYMENT NO LATER THAN AUGUST 12TH**
- **CONTACT: ALAN COCHRAN at 330-309-0836 or [alancochran22@yahoo.com](mailto:alancochran22@yahoo.com)**

Visit us at [www.eagagolf.org](http://www.eagagolf.org)

# 16th ANNUAL TOM REED MEMORIAL GOLF CLASSIC

## ENTRY FORM

Captain's Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

List Names and (Optionally their email address) of other players participating in your group:

1. \_\_\_\_\_ e-mail: \_\_\_\_\_

2. \_\_\_\_\_ e-mail: \_\_\_\_\_

3. \_\_\_\_\_ e-mail: \_\_\_\_\_

Amputees and Regular Golfers are both welcome as this is a Fundraising Event. Proceeds to fund the TOM REED MEMORIAL SCHOLARSHIP.

### SEND NAME (S) AND PAYMENTS TO:

**Alan Cochran**  
**515 South Silver Street**  
**Louisville, OH 44641**

**MAKE CHECKS PAYABLE TO: *EAGA***

---