



REGISTRATION FORM

SEPTEMBER 25, 2021 AT LAKELAND GOLF COURSE

REGISTRATION BEGINS AT 9:00AM

GOLF STARTS AT 10:00AM

TEAMS OF 4 PLAYING A SCRAMBLE

\$50 PER PERSON INCLUDES:

- *Breakfast before golf*
- *Long Drive and Long Putt Contest*
- *Closest to the Pin Contest*
- *Lunch after your round*
- *Prizes to 1st, 2nd & Last Place teams*

All proceeds will benefit the Ovarian Cancer Connection, whose mission is to raise awareness and provide support and financial assistance to women with ovarian and other gynecological cancers. The Ovarian Cancer Connection keeps 100% of their proceeds local to assist women in NW Ohio and SE Michigan.

TO REGISTER YOUR TEAM:

Send this completed registration form to:
Lakeland Golf Course, 3770 CR 23, Fostoria, OH 44830
or email form to: Jmoyer@lakelandgc.com

Team Name: _____

Player #1 _____

Name _____

Address _____

Phone _____

Email _____

Player #2 _____

Name _____

Address _____

Phone _____

Email _____

Continued on next page

Player #3 _____

Name _____

Address _____

Phone _____

Email _____

Player #4 _____

Name _____

Address _____

Phone _____

Email _____

THIS IS AN ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY. BY SIGNING BELOW, I AM AGREENG TO RELEASE OCC AND THE LAKELAND GOLF CLUB FROM LIABILITY AND HAVE THEREFORE READ IT CAREFULLY. I, the undersigned, for myself, my heirs, executors, administrators and assigns (on behalf of the registered minor), understand and assume the risks involved with the OCC Lakeland Golf Club Event, including pre and post activities (hereinafter the "Event"), and do hereby release, discharge, indemnify and hold harmless the OCC, its officers, directors, employees, volunteers, agents and sponsors ("OCC") from any and all claims, demands, judgments, actions and causes of action of any kind or character for any injuries, death, or damage of any kind, arising out of my ("Minors") participation in the Event. I attest and verify that I am (the Minor is) physically fit to participate in the Event, and that thee are no medical conditions to prevent me (the Minor) from participation herein. In the event of my (minor's) injury, illness or emergency during the Event, I authorize (1) any medical treatment by medical professional, including hospitalization, sough by the OCC for me (the Minor) and (2) OCC or said medical personnel to arrange/provide any necessary transportation for such medical treatment. The OCC, its agents, sponsors and/or news organization will be photographing and videotaping this event. I agree that any photographs, video recordings or any kind or other images containing my likeness (or Minor's) are the sole property of OCC or the photographer. I hereby authorize the OCC, its agents, sponsors and/or news organizations to use of publish said images for news accounts or promotional purpose for any lawful purpose through any form of media whatsoever.

Player #1 _____

Signature

Date

Player #2 _____

Signature

Date

Player #3 _____

Signature

Date

Player #4 _____

Signature

Date



OVARIAN
CANCER
CONNECTION

Sponsorship Options Available

__ Hole Sponsor \$50 (Name on a sign placed on a tee box)

__ Banner Sponsor \$100 (Name on a hole sign & name in the flyer each player will receive)

__ Beverage Cart Sponsor \$200 (Name on the beverage cart & name in the flyer each player will receive)

__ Event Sponsor \$500 (Hole sign on all golf carts, name in flyer and recognized at beginning of play during announcements)

Sponsor Name to be on sign: _____

Send to:

Lakeland Golf Course

3770 CR 23

Fostoria, Oh 44830