

# CEA GOLF INVITATIONAL

MONDAY • JUNE 17, 2019 • 10:30 AM TO 7:30 PM

**JOIN  
US!**

**REGISTER NOW!**



**COURTNEY SMYSER**

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✉ [courtney@ceacisp.org](mailto:courtney@ceacisp.org)

🌐 [www.ceacisp.org](http://www.ceacisp.org)

*Information & Registration:*

*Complete and send in your registration  
form along with payment*

# ANNUAL CEA GOLF INVITATIONAL GOLF SCRAMBLE

MONDAY • JUNE 17, 2019

<b>10:30 AM</b> Golfer Registration Begins	<b>10:30 AM</b> Practice Green & Driving Range Available	<b>11:30 AM - 12:30 PM</b> Lunch Buffet	<b>1:00 PM</b> Golf Shotgun Start	<b>6:00 PM</b> Dinner, Cocktails & Awards
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## GOLF

1:00 pm Shotgun Start for Golf Scramble Format  
 Skill Shots Competition on Course Prizes  
 Players **MUST** Turn in Score Cards Promptly After Golf - NO Extra Holes Played

## BEVERAGE STATIONS & RESTROOMS

Beer, Soft Drinks, Water & Gatorade on Tee #3, #14 & on the patio

## LUNCH BUFFET (11:30 AM - 12:30 PM)

## DINNER & AWARDS (6:00- 8:00 PM)

## CANCELLATION POLICY

No refunds or credits will be issued when a participant fails to attend. Cancellations are accepted through June 3, 2019.

## DEADLINE TO REGISTER JUNE 3, 2019

### COST PER PERSON

\$250 - Entire Days Activities \$65 - Dinner ONLY Lunch, 18 Holes of Golf, Golf Cart, Driving Range, Individual Golf Gift, Appetizers/Cocktail, Reception, Dinner, Hole-In-One & Door Prizes

## ANNUAL CEA/CISP INVITATIONAL GOLF SCRAMBLE REGISTRATION

PLEASE PRINT ALL INFORMATION

\_\_\_\_\_ Number of Golfers at \$250 Each - Includes: Entire Days Activities, Lunch, 18 Holes Golf, Golf Cart, Driving Range, Individual Golf Gift, Appetizers, Cocktail Reception, Dinner, Hole-in-One & Door Prizes

Golfers Name	Handicap	Company
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Number of Non-Golfers at \$65 Each - Includes: Cocktail Reception, Dinner & Door Prizes

Name \_\_\_\_\_ Company \_\_\_\_\_

Person Responding \_\_\_\_\_

Company \_\_\_\_\_ Email \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Credit Card:  Visa  MasterCard  American Express

Company Name \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Card Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_



**Chagrin Valley Country Club**  
 4700 SOM Center Road  
 Chagrin Falls OH 44022



### Mail completed registration form to:

Courtney Smyser  
 Construction Employers Association  
 950 Keynote Circle, Suite 10  
 Cleveland, OH 44131

216-904-2824  
 courtney@ceacisp.org  
 www.ceacisp.org