



It is with sincere pleasure that we invite you to be a part of the:
24th Eye Open Golf Tournament

When: Monday, August 30th, 8:00 AM (Shotgun Start)

Where: Eisenhower Golf Course – United States Air Force Academy, Colorado

Format: **Team Scramble:** Put together your mixed ability foursome or we will include you in a foursome of other golfers looking to have a great time for a great cause. *If requested, single golfers will have their own cart.*

Price: Single: \$225 Foursome (signed up together): \$800

Boxed Lunch provided by Eye Associates of Colorado Springs:
A delicious boxed lunch will be delivered to you on the course.

Scores will be tallied in an open-air tent.
Awards and prizes will be announced via email.

All profit from the event will benefit: the SEE THE FUTURE Fund
www.seethefuture.org.

Please return the enclosed registration form along with your check (**made payable to the CSDB Trust Fund**) and mail to:

The SEE THE FUTURE Fund
P.O. Box 63022
Colorado Springs, CO 80962-3022

We hope you can join us! If you have any questions, please call me at 719-640-0997 or e-mail: twtheune@comcast.net.

Sincerely,

Tom

Thomas W. Theune, OD – STF Chairperson



**The 24th Annual
Eye Open Golf Tournament
REGISTRATION FORM**

When: Monday, August 30th 8:00 AM Shot Gun Start
Where: Eisenhower Golf Corse @ the US Air Force Academy
Entry Deadline: **Monday, August 23rd**

_____ I would like to attend and participate with the golfers listed at the bottom of this form.
Single: \$225 Foursome (signed up together): \$800
Enclosed is my check for \$_____ for _____ golfer(s).

_____ I would like to attend and be paired with other golfers looking to have a great time for a great cause. **Single: \$225**
Enclosed is my check for \$_____

_____ I am a single golfer and request the use of my own cart.

_____ I am a _____ Corporate Sponsor of the SEE THE FUTURE Fund which includes _____ complimentary golfer(s):
With your Corporate Sponsorship the fee is \$0 for ___ golfer(s) and \$200 for additional golfer(s). Enclosed is my check for \$_____ for _____ golfer(s).

_____ I am NOT able to attend, but enclosed is my check for \$_____ to help support The SEE THE FUTURE Scholarship Fund

**Mail this form with payment to:
The SEE THE FUTURE Fund
P.O. Box 63022
Colorado Springs, CO 80962-3022**

Make check or money order payable to: "C.S.D.B. TRUST FUND" (Colorado School for the Deaf and the Blind)
You may also email your registration to twtheune@comcast.net and payment will be collected the day of the tournament. Checks and cash only.

Please Note: Due to tax-deduction regulations through the Colorado School for the Deaf and the Blind, no credit card payments are accepted at this time.

NAME OF PERSON ATTENDING: _____
USGA Handicap or Typical 18-hole score: _____ Phone: _____
Address: _____ Email: _____

Please include the following golfers in my foursome:

Name: _____ Handicap or 18 hole score: _____
Name: _____ Handicap or 18 hole score: _____
Name: _____ Handicap or 18 hole score: _____

*** Please include all participants email addresses on the back of this form**

For questions or for more information please call: Thomas Theune, OD @ 719-640-0997
or e-mail: twtheune@comcast.net.