



It is with sincere pleasure that we invite you to be a part of the: 23rd Annual Eye Open Golf Tournament





When:	Monday, June 17 th 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 great cause	
Dulas		

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

19th Hole Lunch Buffet hosted by Eye Associates of Colorado Springs: A delicious Lunch Buffet which will feature awards and prizes.

All profit from the event will go to two great, volunteer-based Colorado non-profits: the SEE THE FUTURE Fund <u>www.seethefuture.org</u> and Everything For Sight <u>www.everythingforsight.org</u>.

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

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

Or – Register on-line: EyeTix.com

We hope you can join us! If you have any questions, please call me at 719-471-3200 or e-mail: twtheune@comcast.net.

Sincerely,

Tom

Thomas W. Theune, OD – STF Chairperson

The 23rd Annual Eye Open Golf Tournament Mail-in REGISTRATION FORM

When:Monday, June 17th, 8:00 AM Shot Gun StartWhere:Eisenhower Golf Corse @ the US Air Force AcademyEntry Deadline:Monday, June 10th

_____ I would like to attend and participate with other low handicap golfers (15 handicap or lower). Single: \$225 Foursome (signed up together): \$800 Enclosed is my check for \$_____ for ____ golfer(s).

_____ I would like to attend and participate in the "**Mixed Ability**" **Flight** with other mixed handicap golfers (no restrictions).

Single: \$225 Foursome (signed up together): \$800 Enclosed is my check for \$_____ for ____ golfer(s).

_____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)

Or, you may register on-line @: EyeTix.com

NAME OF PERSON ATTENDING:

USGA Handicap or Typical 18-hole score:	Phone:	
Address:	Err	nail:

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 @ 719-471-3200 or e-mail: <u>twtheune@comcast.net</u>.