



It is with sincere pleasure that we invite you to be a part of the:



- When:** Monday, June 20th 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.
- Price:** Single: \$225 Foursome (signed up together): \$800

A delicious buffet lunch provided by Eye Associates of Colorado Springs!

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:

**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; Founder & Chairperson

The 25th Eye Open Golf Tournament

Registration Form

When: Monday, June 20th 8:00 AM Shotgun Start
Where: Eisenhower Golf Course @ the US Air Force Academy
Entry Deadline: Monday, June 13th

_____ 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 \$_____ 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:
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 participant's 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.