

HBA/DE SPRING GOLF OUTING







GOLFER NAMES & LUNCH SANDWICH CHOICE

ROAST BEEF "RB" TURKEY "T"

TUESDAY, JUNE 25TH 2015

1 Clubhouse Drive Camden-Wyoming, DE 19934

Registration Deadline FRIDAY 6/19/2015



		FEES (GOLF INCLUDES DINNER)	VALUE	QUANTITY	IOIAL
Golfer #1		FOURSOME: HBADE MEMBER NON MEMBER	\$625 \$725		
Golfer #2 Golfer #3		GOLD TEE FOURSOME INCLUDES TEE SPONSOR HBADE MEMBER NON MEMBER	\$700 \$800		
Golfer #4 Golfer #5		GOLF & DINNER FOR 1: HBADE MEMBER NON MEMBER	\$150 \$200		
Golfer #6		DINNER ONLY HBADE MEMBER NON MEMBER	\$50 \$75		
Golfer #7		SPONSORSHIPS	Value	Value Total	
Goller #7		\$10,000 Hole in One Sponsorship (exclusive)	\$500		
Golfer #8		Dinner Sponsor (2 Remaining)	\$500		
		Practice Range Sponsor	\$625 \$725 \$700 \$800 \$150 \$200 \$50 \$75 Value Total \$500		
Registration	NOON	Tee or Hole Sponsor	\$100		
		Longest Drive Sponsor (exclusive)	\$250		
Shotgun Start	1:00pm	Straightest Drive Sponsor (exclusive)	\$250		
Dinner	6:00pm	Beverage Station Sponsor	\$350		
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[&]quot;In consideration of being permitted to participate in this event, I, on my own behalf and anyone claiming through me, hereby (i) release and discharge the Home Builders Association of Delaware and its officers, directors, employees, agents, members, staff, sponsors and all organizations and individuals assisting in promoting, conducting or otherwise affiliated with the event from and against any and all liability arising from my participation in the event. I



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THURSDAY JUNE 25,

2015

1 Clubhouse Drive Camden-Wyoming, DE 19934

REGISTER ONLINE

www.hbade.org/events

Or fill out and fax info below

Registration Deadline June 19, 2015

Checks should be made payable to: Home Builders Association of Delaware, 1600 North Little Creek Road, Dover, DE 19901

Fax Fully Completed Registration Form to 302-444-8068

PAYMENT Circ	cle one	Check included Please invoi		ice me	
Check #	Please charge my credit card: Visa	MasterCarc	d AMEX	Discover	
Card #		Security Code	_ Exp. Date _	Zip Code	
Name on Card_	Authori	zed Signature			_
Contact Person		Company:			_
Phone		Billing Email:			_
Address					
City, State & Zip				Date:	-

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