



*Bill Spaid*

## Memorial Golf Tournament

Dear Friends, Family, and Golfers

Please join us for the 2nd annual Bill Spaid Memorial Golf Outing on Saturday, July 23rd at Mayfair Country Club in Green, Ohio. This event was created to remember Bill Spaid, and celebrate the happiness that he brought to so many people. Bill was passionate about his Family, his Friends, Good Food, and Sports – a golf outing seems like the perfect way to honor his memory.

We are seeking individuals and businesses to provide support as Hole Sponsors (\$100) and/or by donating raffle items. Hole sponsors will be recognized with a sign displaying the name of the individual or business, located at one of the tee areas during the outing.

This year, all proceeds from the event will go directly to the Spaid Children College Fund.

If you have any questions, or require additional information, please contact:

Andy Jacobozzi  
2732 Revere Drive  
Cuyahoga Falls, Oh. 44223  
330-807-4704  
ajacobozzi@neo.rr.com

DATE

THE

SAVES

Second Annual



*Bill Spaid*  
Memorial Golf Tournament

**SATURDAY, JULY 23<sup>TH</sup> 2011**

Registration Starts @ 12:30 p.m.

"SHOTGUN START" @ 2:00 p.m.

\$80 per Golfer

Includes: 18 holes, cart, lunch, beverages,  
dinner and prizes!!

Mayfair Country Club  
2229 Raber Road Green, Ohio 44685

4 Person Scramble  
Skins Game, Raffle Prizes, etc...

Single Player - \$80.00

Foursome - \$320.00

Hole Sponsorship - \$100.00

\* Each sponsor will have sign placed at one of the holes

\* Dinner and beverages only - \$25.00



*Bill Spaid*

Memorial Golf Tournament

Payments must be received to guarantee your spot.  
Field is limited to the first 36 foursomes registered.

Cost is \$80.00 per player.

This reservation is for: ~Foursome ~Threesome ~Twosome ~Single

Player Information:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
  
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Number of people attending dinner only \_\_\_\_

Cost is \$ 25.00 per person

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Make Checks Payable to: Bill Spaid Memorial Fund**

**Return paid entries to: Andy Jacobozzi  
2732 Revere Drive  
Cuyahoga Falls, Oh. 44223**



## Sponsorship and Prize Donation Form

Hole Sponsor = \$100

\_\_\_\_\_  
Name of Sponsor (Business or Individual Name)

\_\_\_\_\_  
Contact Person (Business):

\_\_\_\_\_  
Street Address                      City                      State                      Zip

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

\_\_\_\_\_

\_\_\_\_\_  
Email:

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**Raffle Prize Donation**

\_\_\_\_\_  
Name of Sponsor (Business or Individual Name)

\_\_\_\_\_  
Contact Person (Business):

\_\_\_\_\_  
Street Address                      City                      State                      Zip

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

\_\_\_\_\_

\_\_\_\_\_  
Email:

\_\_\_\_\_  
Please List Prize(s) Donated:

**Make Checks Payable to: Bill Spaid Memorial Fund**

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Cuyahoga Falls, Oh. 44223**