



**2<sup>ND</sup> ANNUAL COPLEYSHACK GOLF OUTING!**  
**SATURDAY, OCTOBER 13, 2018 @ FOX BEND GOLF COURSE**  
**NOON SHOTGUN START**

**PROCEEDS TO BENEFIT THE RUSH COPLEY NICU**

**(WHETHER YOU MAINTAIN A HANDICAP OR FEEL THAT GOLF IS YOUR HANDICAP, THIS OUTING IS FOR YOU!)**

\_\_\_\_\_ Enclosed is my check for **\$100 for a single player.** Check # \_\_\_\_\_

\_\_\_\_\_ Enclosed is my check for **\$400 for a foursome.** Check # \_\_\_\_\_

\_\_\_\_\_ Please charge my Credit Card **\$100 for a single player.**

\_\_\_\_\_ Please charge my Credit Card **\$400 for a foursome.**

\_\_\_\_\_ I would like to use payroll deduction. \_\_\_\_\_ Single - \$25 per pay period for 4 pay periods.  
\_\_\_\_\_ Foursome - \$100 per pay period for 4 pay periods.

*Please make check payable to Rush Copley Foundation.*

Player reservations are limited and will be determined on a first-come, first-served basis.

**Payment Information**(please print):

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Please charge the following: ( ) Visa ( ) MasterCard ( ) Discover ( ) Amex

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return the completed Registration Form to Chris Weincek at:**

***Rush Copley Foundation***

***2000 Ogden Ave., Aurora, IL 60504***

***Fax: 630-375-2833 or [chris.weincek@rushcopley.com](mailto:chris.weincek@rushcopley.com)***

**Team Registration Form**

Please provide the following information for each player:

**Team Name**

\_\_\_\_\_

**Team Contact**

Phone # \_\_\_\_\_

**Player 1**

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Player 2**

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Player 3**

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Player 4**

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_ E-mail: \_\_\_\_\_

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