



# INDIAN SUMMER FESTIVAL 14<sup>th</sup> ANNUAL GOLF OUTING

Friday, July 14<sup>th</sup>, 2006

Kettle Hills Golf Course 3375 Hwy 167 W  
Richfield, WI

INDIAN SUMMER FESTIVAL invites you to participate in our 14<sup>th</sup> annual golf outing. The golf outing will again be held at the Kettle Hills Golf Club. Proceeds of this event will benefit the **INDIAN SUMMER SCHOLARSHIP FUND**.

### THE \$85.00 PER PLAYER ENTRY FEE INCLUDES:

18 Holes & Cart  
Lunch, and Dinner  
Hole Prizes, Contests and Raffles  
Beverages  
2 tickets to Indian Summer, 2006

### OUTING FORMAT

4 PERSON SCRAMBLE  
10:30 am Shotgun Start  
9:00 am Check-in and Registration

**If you would like to participate, but are unable to play, please consider sponsoring a golf hole, putting green, range, or a contest for \$100.00.**

For golf outing questions, contact: Indian Summer Festivals, Inc. at 414-774-7119, Fax: 414-774-6810  
For Directions and additional forms see our website, [www.indiansummer.org](http://www.indiansummer.org). Entries must be received and paid by June 23<sup>rd</sup>, 2006. Mail your registration and payment to:

**Indian Summer Festivals, 10809 W. Lincoln Ave., West Allis, WI 53227.**

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|--|--|
| <input type="checkbox"/> Yes, I would like to play \$85 per golfer (in advance).                     | <input type="checkbox"/> No, I cannot play, but I would like to make a donation to the Scholarship Fund. Invoice required? <input type="checkbox"/> No   |
| <input type="checkbox"/> Yes, I would like to attend dinner, but I cannot play, \$15.00 (in advance) | <input type="checkbox"/> Yes, I would like to sponsor (check choice(s))<br><input type="checkbox"/> hole <input type="checkbox"/> putting green <input type="checkbox"/> range <input type="checkbox"/> contest<br>At \$100 each (in advance) Proceeds go to scholarship fund. |

Send Invoice To: Name: \_\_\_\_\_  
Company: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. Golfer Name: _____ Address: _____ City: _____ State: _____ Zip: _____	2. Golfer Name: _____ Address: _____ City: _____ State: _____ Zip: _____
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3. Golfer Name: _____ Address: _____ City: _____ State: _____ Zip: _____	4. Golfer Name: _____ Address: _____ City: _____ State: _____ Zip: _____
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**RESERVATIONS MUST BE RECEIVED AND PAID BY JUNE 23<sup>rd</sup>, 2006**