



INDIAN SUMMER FESTIVAL 15th ANNUAL GOLF OUTING

Friday, July 13th, 2007

Kettle Hills Golf Course 3375 Hwy 167 W
Richfield, WI

INDIAN SUMMER FESTIVAL invites you to participate in our 15th annual golf outing. The golf outing will again be held at the Kettle Hills Golf Club on Friday, July 13th. 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 are unable to golf, please consider sponsoring a golf hole, putting green, range, or a contest for \$100.00. Other donations to the scholarship fund are also greatly appreciated!

For golf outing questions, contact Indian Summer Festivals, Inc. at 414-774-7119 or Fax: 414-774-6810. For Directions and additional registration forms see our website, www.indiansummer.org. Entries must be received and paid by June 22nd, 2007. Please 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 (by 6/22/07) | <input type="checkbox"/> No, I cannot play, but I would like to make a donation to the Scholarship Fund. Invoice required? <input type="checkbox"/> Yes <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)) |
| | <input type="checkbox"/> hole <input type="checkbox"/> putting green <input type="checkbox"/> range <input type="checkbox"/> contest |
| | At \$100 each (in advance) Proceeds go to scholarship fund. |

Please invoice me: Name: _____
 Company: _____ Telephone: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

1. Golfer Name: _____ Address: _____ City: _____ State: _____ Zip: _____	2. Golfer Name: _____ Address: _____ City: _____ State: _____ Zip: _____
3. Golfer Name: _____ Address: _____ City: _____ State: _____ Zip: _____	4. Golfer Name: _____ Address: _____ City: _____ State: _____ Zip: _____

RESERVATIONS MUST BE RECEIVED AND PAID BY JUNE 22rd, 2007