

THE 4th ANNUAL ICE CREAM OPEN June 14, 2025

	Golfers @ \$125.00 each		
Contact Name:			_
Company Name:			
Address: Citv:	State:	Zip Code:	-
Phone:	 Fax:		_
		Golfer#2:	
Golfer#3:			
Yes, please reserve	Tee/Hole Sponso	rs @ \$100.00 each	
Contact Name:			_
Company Name:			
Address:			_
City:	State:	_	
E-Mail Address:			<u> </u>
Phone:	Fax:		
		_	
No, we are unable to pa	articipate. Please acc	ept a donation of:	
N 4 - 1 - a - la - a - la - a - a - a - la 1 - A -			
Make checks payable to	: La Keating Cente	r, Inc.	

MAIL TO OR DROP OFF AT: Ed Keating Center, Inc. 1980 Brookpark Rd. Cleveland, OH 44109 ATTN: Martin Taft