

Please provide additional information for Golfers 2 – 4 below:

Golfer 2:

Company

Street Address

City State Zip

Phone Email*

Golfer 3:

Company

Street Address

City State Zip

Phone Email*

Golfer 4:

Company

Street Address

City State Zip

Phone Email*

*Confirmations will be sent via email only.

2015 "Ed" Brown Memorial Classic

SEPTEMBER 10, 2015

**The Fields Golf Course
Ithaca, MI**

Many of us knew and respected "Ed" Brown, his ideals, work ethic and honesty. His untimely passing saddened us all, but we want to remember the warm, funny and endearing memories of "Ed", and what he meant to us personally, and our industry.

With this in mind, the "Ed" Brown Memorial Fund has been established within the MABA Educational Trust. Thanks to your support, we have been able to award 22 scholarships since 2004 that have totaled over \$13,500 to deserving students in the Brown Milling trade area. We will continue to award scholarships as the funds allow.

All profits from this outing will be dedicated to the "Ed" Brown Memorial Fund. This is your opportunity to contribute to the fund.

18 Hole Golf Scramble – Shotgun Start

SCHEDULE OF EVENTS

7:30 a.m. - Registration and Coffee

8:30 a.m. - Begin Golfing – Shotgun Start

(Lunch on your own on the course)

After Golf – Dinner (included in registration fee)

The Fields Golf Course, 1508 N State Rd. Ithaca, MI

**DIRECTIONS: Off US-127, Take Exit 119 Polk Road.
Turn West onto Polk Road and drive 0.4 miles.
Turn Left onto N. State Road/US-127BR and drive 0.4 miles. The Fields Golf Course is located on the East(left) side of the road.**

Questions Call - (517) 336-0223

REGISTRATION FORM 2015 "Ed" Brown Memorial Classic

Golfer 1

Golfer 2

Golfer 3

Golfer 4

Golfer 1:

Company

Street Address

City	State	Zip
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Phone	Email*
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* Confirmations will be sent via email only.

Please provide additional information for golfers 2 - 4 on the back of this form.

My Foursome is indicated above **\$ 200.00**

Please assign me/us to a team ___ x \$50.00 = \$ _____

"Ed" Brown Memorial Fund Contribution \$ _____

Form of payment: **TOTAL \$ _____**
Visa MasterCard Check

Credit Card No. _____ Exp. Date _____

Cardholder Name _____ Billing Zip Code: _____

Signature _____

**Return to: Michigan Agri-Business Association
1501 North Shore Dr., Suite A - East Lansing, MI 48823
(866) 829-3786 FAX – email: maba@miagbiz.org**