

# TOURNAMENT OF HOPE

YOU ARE CORDIALLY INVITED TO PARTICIPATE IN THE 2008 ORIENTAL LODGE #87 "TOURNAMENT OF HOPE" ANNUAL CHARITY GOLF TOURNAMENT WHICH WILL BE HELD AT THE BROKEN TEE GOLF COURSE ON JULY 31, 2008. IT IS LOCATED AT 2101 WEST OXFORD ENGLEWOOD, COLORADO. THE TOURNAMENT WILL HAVE A SHOTGUN START AND BEST BALL FORMAT. THERE ARE PRIZES GALORE AND AN AWARD CERIMONY AFTER PLAY. START TIME IS AT 9 AM.

YOU MAY HAVE THE OPPORTUNITY TO WIN A CAR, FOR A HOLE IN ONE, ON SELECTED HOLES. MANY OTHER PRIZES CAN BE WON THROUGHOUT YOUR PLAY.

THE VERY BEST PART ABOUT THE TOURNAMENT IS THAT YOU ARE HELPING THE BLIND, AND CHILDREN WHO ARE VERY MUCH IN NEED OF YOUR HELP. **REGISTRATION DEADLINE IS JULY 15<sup>TH</sup> 2008.**

THE DONATION PER PERSON IS **\$150.00**. ALL FOURSOMES SIGNED UP BY JULY 1<sup>ST</sup> WILL BE GUARANTEED A PLACE IN THE TOURNAMENT. THEREAFTER, APPLICANTS ARE CONSIDERED ON A FIRST COME FIRST SERVE BASIS.

#### REFUND POLICY:

IN THE EVENT THAT A GOLFER WITHDRAWS THIRTY (30) DAYS PRIOR TO THE DATE OF THE TOURNAMENT, A FULL REFUND WILL BE GIVEN. GOLFERS MUST NOTIFY THE TOURNAMENT DIRECTOR THIRTY DAYS PRIOR TO THE DAY OF THE TOURNAMENT IN WRITING, OR BY E-MAIL TO BE ELIGIBLE FOR A REFUND. SINCE THIS EVENT IS FOR CHARITY, AND YOUR PAYMENT CONSTITUTES A DONATION TO A CHARITABLE EVENT, NO REFUND WILL BE MADE DUE TO WEATHER CONDITIONS, OR OTHER CONDITIONS CAUSING THE TOURNAMENT TO BE CANCELED, POSTPONED OR RESCHEDULED. THIS SHALL APPLY TO CREDIT CARD CHARGES AS WELL AS CASH OR CHECKS USED AS A METHOD OF PAYMENT OF YOUR CHARITABLE DONATION.

PLEASE COMPLETE THE REGISTRATION FORM ON THE OTHER SIDE OF THIS INVITATION AND RETURN IT, ALONG WITH YOUR CHECK TO:

#### SEND CHECKS TO:

*Carl Wilson, Secretary  
Oriental Lodge  
P. O. Box 36267  
Denver, Co. 80236-0267*

#### MAKE CHECKS PAYABLE TO:

*Oriental Lodge  
Tournament of Hope*

Contact  
s

Masonic Lodge: Carl Wilson Phone: 720-244-4428 Fax: 303-989-3011  
EMAIL: [wilsonsdc@comcast.com](mailto:wilsonsdc@comcast.com)

Beacon Center: Anne Robinson: Phone: 303-986-0397

Colorado Center for the Blind: Jennifer Stevens: Phone 303-778-1130  
Sponsoring Lodges

ORIENTAL LODGE #87

DENVER LODGE #5

ROB MORRIS LODGE #92



# TOURNAMENT OF HOPE



REGISTRATION FORM

- 1. TEAM CAPTIAN NAME \_\_\_\_\_ DATE: \_\_\_\_\_
- 2. ADDRESS \_\_\_\_\_
- 3. COMPANY REPRESENTING \_\_\_\_\_
- 4. COMPANY ADDRESS \_\_\_\_\_
- 5. PHONE NUMBERS: WORK: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Date: JULY 31, 2008, at 8:30 AM.** Warm up from 7:30 until start time. Place: **Broken Tee Golf Course** 2101 West Oxford Avenue, Englewood, Colorado 80110. Phone 303-762-2670 Donation: **\$150.00 PER PLAYER**

Please indicate your method of payment where provided below, and if applicable the type of credit card you are using. **We accept American Express, Visa and Master Card.**

**PLAYER 1** GROUP NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Payment type: Check \_\_\_ Credit Card \_\_\_ Cash \_\_\_

Card Number: \_\_\_\_\_ Type: \_\_\_\_\_

Expiration: \_\_\_\_\_ I authorize the charge in the amount of : \_\_\_\_\_

Signature: \_\_\_\_\_

**PLAYER 3** GROUP NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Payment type: Check \_\_\_ Credit Card \_\_\_ Cash \_\_\_

Card Number: \_\_\_\_\_ Type: \_\_\_\_\_

Expiration: \_\_\_\_\_ I authorize the charge in the amount of : \_\_\_\_\_

Signature: \_\_\_\_\_

**PLAYER 2** GROUP NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Payment type: Check \_\_\_ Credit Card \_\_\_ Cash \_\_\_

Card Number: \_\_\_\_\_ Type: \_\_\_\_\_

Expiration: \_\_\_\_\_ I authorize the charge in the amount of : \_\_\_\_\_

Signature: \_\_\_\_\_

**PLAYER 4** GROUP NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Payment type: Check \_\_\_ Credit Card \_\_\_ Cash \_\_\_

Card Number: \_\_\_\_\_ Type: \_\_\_\_\_

Expiration: \_\_\_\_\_ I authorize the charge in the amount of : \_\_\_\_\_

Signature: \_\_\_\_\_

*All donations are nonrefundable as they are donations to a charitable cause. Please see the reverse side for additional information*