Save the date for

Catholic Charities
37th Annual Golf Outing

Thursday, August 24 • 9:00 am • Coppertop Golf Club

Benefitting Catholic Charities Emergency Assistance Services

7:30 am - 9:00 am  Breakfast buffet & check-in
9:00 am  Shotgun start
Where:  Coppertop Golf Club, 5740 Center Road (Rt. 303), Valley City, Ohio
Format:  Four-person scramble
Other Activities:  Skill prizes, course games, 50/50, raffle
Cost:  $80 per person ($320 per team)
       Includes 18 holes of golf, cart, breakfast, dinner
Dinner Only:  $35 per person
Questions:  Contact Development Director Carl Bako at:
            cbako@ccdocle.org or (330) 524-4196

Catholic Charities
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Coppertop Golf Club  •  Thursday, Aug. 24  •  9:00 am start  •  www.ccdocle.org/golf2023
37th Annual Golf Outing
Thursday, August 24 at Coppertop Golf Club
Benefitting Catholic Charities Emergency Assistance Services

Details
Time: Breakfast buffet & check-in 7:30 – 9 am; shotgun start – 9 am
Where: Coppertop Golf Club, 5740 Center Road (Rt. 303), Valley City, Ohio
Format: Four-person scramble
Other activities: Skill prizes, course games, 50/50, raffle
Cost: $80 per person ($320/team) Includes 18 holes of golf, cart, breakfast, dinner
Dinner only: $35 per person
Questions: Contact Carl Bako at cbako@ccdocle.org or (330) 524-4196

Registration
Please register the following individuals for the 37th Annual Catholic Charities Golf Outing.
Cost: $80/person or $320/foursome.
1. __________________________________ 2. __________________________________
3. __________________________________ 4. __________________________________

☐ Make it $125 for me (or $500 for our foursome)  No. ________ $_________
   (includes hole sponsor sign, recognition on signage & website)
☐ Hole Sponsor Only – $100  No. ________ $_________
☐ Dinner Only – $35  No. ________ $_________

Payment
☐ Check payable to Catholic Charities enclosed.
   Mail to: Catholic Charities, Attn: Susan Scalabrino, 7911 Detroit Ave, Cleveland, OH 44102
☐ Credit card payment (or online at www.cccdocle.org/golf2023)
   Card number: ___________________________ Expiration Date: _________ Security Code: __________
   Name that appears on card: _____________________________ Billing zip code: __________
   Contact Phone: ___________________________ Email: ___________________________
   Address: ___________________________ City: ___________________________ State: ________ Zip:_____
   Total amount enclosed/to be charged: __________

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