**Michigan Society for Respiratory Care**

**25th Annual Caroline Kimmel Golf Scramble**

**Friday, August 19, 2022**

**Ironwood Golf Club ● 6902 E. Highland Road ● Howell MI**

A golf ball on a field

Description automatically generated

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| **Registration Form** | |
| *Your participation in this MSRC golf scramble will benefit our educational programs and further support respiratory care in Michigan. This golf outing is in memory of our good friend and supporter,* ***Carolyn Kimmel,***  *who managed the needs of our organization for many years, and in celebration of* ***Respiratory Therapists' importance in the health care delivery system****. We hope you will join us!* | |
| **Schedule:**  7:30 a.m. Registration Opens  8:30 a.m. Shot Gun Start  1:00 p.m. Dinner / Awards  **Registration Type:**  **□ Individual Golfer $85.00\***  **□ Team $320.00\***  **□ Dinner Only $20.00**  ***\*Golf registration includes 18 Holes of Golf, Dog at the Turn, Beverage Ticket and Dinner!***  **Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Player 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Player 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Player 3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Player 4:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Payment & Contact Information ● Deadline 8/11/22**  *You will receive an email confirming your registration*  Registrant Name\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Credit card information:  Full name on card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Billing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Credit card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expiration date:\_\_\_\_\_\_\_\_\_\_\_\_ Security code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ check payment (enclose with registration form)  **Return registration with payment to:**  **Michigan Society for Respiratory Care**  124 W. Allegan St., Ste. 1900 ● Lansing MI 48933  Email: [kbaker@mhsa.com](mailto:kbaker@mhsa.com) ● phone: 517.267.3909  Tax ID:23-7076783 ● <https://www.michiganrc.org/> |