



Tuesday, May 25, 2010 • Queenstown Golf Links
Day before Springtime™

Brought to you by
JAMES T. DUNN
MEMORIAL FOUNDATION

Player 1 (Host) ALL HANDICAPS MUST BE CURRENT AND UPDATED BY MAY 7, 2010.

Name & Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Handicap _____ (required) Handicap Kept _____ Phone _____

Will you be staying the night before? Yes No Hilton Garden Inn (410)827-3877 Holiday Inn Express (410)827-4454 Best Western (410) 827-6767

Dunn's Crab Feast - May 24, 2010 Yes No (Please list additional guests in the space provided below)

Day Before Practice Round - May 24, 2010 Yes No (Courses TBA)

Golf Shirt Size: XXL XL L M S Male Female

Player 2 (Guest) ALL HANDICAPS MUST BE CURRENT AND UPDATED BY MAY 7, 2010.

Name & Title _____

Company _____

Address _____

City _____ State _____

Phone _____ Fax _____

Email _____

Handicap _____ (required) Handicap Kept _____ Phone _____

Will you be staying the night before? Yes No Hilton Garden Inn (410)827-3877 Holiday Inn Express (410)827-4454 Best Western (410) 827-6767

Dunn's Crab Feast - May 24, 2010 Yes No (Please list additional guests in the space provided below)

Day Before Practice Round - May 24, 2010 Yes No (Courses TBA)

Golf Shirt Size: XXL XL L M S Male Female

Dunn's Crab Feast Guests (May 24, 2010) Please provide Full Name - Call (800) 735-7770 to invite more than 4 guests

1) _____ 2) _____

3) _____ 4) _____

1. FAX this form to (301)249-9100 to reserve your team GOLF : \$ _____

2. Make your registration check payable to: **James T. Dunn Memorial Foundation**
NO REFUNDS. CRAB FEAST : \$ _____

3. Mail form & check to: Shamrock Shootout c/o JTDunn Enterprises
513 Commerce Dr, Upper Marlboro, MD 20774 TOTAL : \$ _____

TWOSOME GOLF REGISTRATION: \$495.00

CRAB FEAST REGISTRATION PER PERSON: \$95.00

Signature _____ Date _____ / _____ / 2010

Office Use: ID #: _____ Date received: _____ / _____ / 2010 Check Amount: \$ _____ Check #: _____