HBRAWM'S ANNUAL FOUNDATION GOLF OUTING/
CLAMBAKE & INSPECTOR APPRECIATION DAY
FRIDAY, SEPTEMER 10, 2010

Chicopee Country Club & Chicopee Falls Moose Family Center
Chicopee, MA

This year we will be combining two of our most popular events – the Annual Foundation Golf Tournament and the Clambake/Inspector Appreciation Day on the same day. Golfing will take place in the morning at Chicopee Country Club and the clambake will be held in the afternoon at the Chicopee Falls Moose Family Center in Chicopee. You can choose to do only one event or do both of them. **Activities at the clambake will include Plywood Toss, Nail Driving, Arm Wrestling, Volleyball, golf chipping, Horseshoes and more. Lunch will consist of hamburgers, hot dogs, salads, steamers & clam chowder. Dinner will be a surf and turf (steak & lobster tail), baked potato, corn on the cob, salad, rolls & butter. There will be a cash bar.

ACTIVITIES SCHEDULE

7:30 a.m. Golf Registration-Chicopee CC
8:30 a.m. Shotgun Start-Bloody Mary & Breakfast Sandwich served on the course & lunch & awards held at the Clambake site
2:00 p.m. Clambake lunch-Moose Lodge (**Activities and dinner)
5:30 p.m. Dinner Served

REGISTRATION FEES:

*$110 Individual Golfer (inc. lunch)
*$425 Foursome (inc. lunch)
*$525 Executive Foursome (inc. foursome, mulligan raffle for 4 string envelope, tee sponsor & lunch)
*Cost of golf plus $45 per Clambake Ticket
*$45 Clambake only

GOLF REGISTRATION: ____$110 Individual ____$ 425 Foursome ____$ 525 Executive Foursome

Company Name:_____

	Clambake Ticket ($45) addt'l per person
Player:_____	_____
Player:_____	_____
Player:_____	_____
Player:_____	_____

CLAMBAKE ONLY TICKET REGISTRATION: $45 Per Person

Attendee:_____ Attendee:_____
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Attendee:_____ Attendee:_____
Attendee:_____ Attendee:_____

PAYMENT OPTIONS:

___ Pay by Check: Complete registration form & mail check to: HBRAWM, 240 Cadwell Dr., Spfld., MA 01104

____Complete registration form & Fax to 413-781-8416

___ Pay by Credit Card: ____VISA ____MC ____AMEX Card#_____
Exp. Date:_____ Name on Card:_____
Address:_____
Card Holder Signature:_____

Questions: Please contact Sandi @ 413-733-3126 or at sdoucette@hbrawm.com.