

# 2022 Twins Days Festival

# GOLF OUTING



**OPEN TO ALL**  
**Singletons, Twins, and the general public!**

**Friday, August 5, 2022**

**Tee Times 10:00 a.m – Noon**

**2 person team • 2 person scramble**

**\$65 per player • \$130 per two-person team**

**Gleneagles Golf Club, 2615 Glenwood Dr, Twinsburg, OH 44087**

### Golf Package Includes:

18 Holes of Golf • Gas Golf Cart • Hot Dog Lunch at the turn

### Prizes for the "Longest Drive" & "Closest to the Pins"!

**1st Place Trophies will be awarded for:**

Men's Division • Women's Division

**NOTE: Twins must be registered for the current Twins Days Festival in order to participate in the golf outing.**

**Your participation has helped raise revenue  
that Twins Days has used to award \$102,500 in scholarships since 1991!**

If you have any questions or concerns regarding the Twins Days Golf Outing please send an email to [golf@twinsdays.org](mailto:golf@twinsdays.org).

To register please complete and detach the form below and email, fax, or mail it, along with your entry fee, to the Twins Days office. You can also provide your payment over the phone by contacting the Twins Days office at 330-425-3652. Application and entry fee must be received **no later than July 28, 2022**. Make checks payable to: **Twins Days, Inc.**

(Online registration is unavailable at this time. We apologize for the inconvenience)

Twins Days, 9825 Ravenna Road, Twinsburg, OH 44087 • p 330-425-3652 • f 330-425-7280 • [golf@twinsdays.org](mailto:golf@twinsdays.org)

OFFICE USE ONLY			DATE OF APPLICATION _____			
PARTICIPANT NO.	CHECK NO.	DATE RECEIVED				
			Name _____			
Check the box for the division you wish to enter:			Address _____			
<input type="checkbox"/> Men's Division			City _____ State _____ Zip _____			
<input type="checkbox"/> Women's Division			Phone _____ Age _____			
Check below if applicable:			Name _____			
<input type="checkbox"/> Golf - \$65/person x _____ = \$ _____			Address _____			
Total Amount Enclosed: \$ _____			City _____ State _____ Zip _____			
			Phone _____ Age _____			
<input type="checkbox"/> MasterCard	Card #	_____	Expiration Date	____-____	CVV#	____
<input type="checkbox"/> Visa						
<input type="checkbox"/> Discover	Signature _____					