

DRMA

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**DRMA Fall Golf Outing Registration Form**

***Presented by Gosiger***

**Date:** Monday, September 29, 2025 **Time:** 7:30 a.m. Morning session

**Place:** Miami Valley Golf Club 12:30 p.m. Afternoon session

3311 Salem Ave. 5:30 p.m. Cocktails (cash/credit card bar)

**Attire:** Proper golf attire; **no jeans permitted** 6:30 p.m. Dinner

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| --- | --- | --- | --- |
| **Contact Name:** |       | **Email:** |       |
| **Phone:** |       | **DRMA Member Company:** |       |

Return this form **with payment** to the DRMA office. If you prefer, you may call the office at 937-949-4000 to place your payment with DRMA staff **after** you’ve emailed/faxed your form. Sessions will be assigned on a first-come basis. Cancellations with refunds will be accepted through September 12. All name changes must be received by September 19. Confirmations will be emailed. Golf fees include cart, straightest drive contest, skins game, 1 mulligan per player, and lunch. The afternoon session is **reserved for members** only (participants must be employed by member companies). If you’d like to register non-members as your guests, you must play in the morning session.

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| **Cart#** | **Player Name** | **Company Name** | **Golf** | **Morning****7:30 a.m.** | **Afternoon****12:30 p.m.** | **Dinner** |
| 1 |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 1 |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 2 |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 2 |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 3 |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 3 |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 4 |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 4 |       |       | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| Person/company you would like to play with: |       |
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| --- | --- | --- | --- |
|  | **#** | **Cost** | **Total** |
| Golf only |       | **x $250 =** | **$**      |
| Golf AND dinner |       | **x $300 =** | **$**      |
| Dinner only |       | **x $60 =** | **$**      |
| # of tee sign sponsorships |       | **x $250 =** | **$**      |
|  | **TOTAL** | **$**      |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| [ ] Check (make payable to DRMA Foundation) | [ ] Credit card (all major cards accepted) |
|  |
| **Card #:** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **Exp. Date:** |       | **CVV Code:** |       | **Billing Zip Code:** |       |
|  |   |

*Net proceeds from the outing will be contributed to the DRMA Foundation, a 501(c)3 organization. Consult your*

*professional income tax advisor to determine the amount which may be deductible as a business expense or a charitable contribution.*