

I would like to participate in the 2017 Maplehurst Country Club
Business Partnership Program:

Business Name: _____

Business Address : _____

Contact Person: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

___ GOLD LEVEL: \$500.00 (24 rounds of Golf with Cart)

___ SILVER LEVEL: \$250.00 (12 Rounds of Golf with Cart)

___ BRONZE LEVEL: \$100.00 (4 Rounds of Golf with Cart)

Enclosed is a check for \$_____ payable to **Maplehurst Country Club, Inc.**

Please mail your form and check to:

MCC/BPP
Attention: Barb Armstrong
21 S. Water St.
P.O. Box 220
Frostburg, MD 21532

Your golf certificates will be delivered promptly. Thank you!