

# Michigan Automobile Dealers Political Action Committee

## 27<sup>th</sup> annual **MADPAC** Golf Outing June 4, 2018

**Format:** 4-person team, scramble. Shotgun start at noon. Team or individual entries are accepted.  
**Fees:** \$250 per person or \$1,000 per foursome

**Location:** Eagle Eye Golf Course, 15500 Chandler Road in Bath  
**Questions?** Call Tommi Starr at (800) 292-1923

**Please submit this form and payment by Friday, May 18, 2018**

**Mail:** MADPAC, P.O. Box 2525, East Lansing, MI 48826-2525 • **Fax:** (517) 351-3120 • **E-mail:** [tstarr@michiganada.org](mailto:tstarr@michiganada.org)

**First player** \_\_\_\_\_  
Company \_\_\_\_\_  
**Home address** \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime phone \_\_\_\_\_  
E-mail \_\_\_\_\_

### Payment information

*Please note: **home address** information is required by Michigan campaign finance law.*

Personal check payable to **MADPAC**  
 Personal credit card:  VISA  MasterCard  American Express  
Card# \_\_\_\_\_ Amount \$ \_\_\_\_\_  
CVV \_\_\_\_\_ Exp. (mm/yy) \_\_\_\_\_  
Cardholder name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Billing address \_\_\_\_\_

**Second player** \_\_\_\_\_  
Company \_\_\_\_\_  
**Home address** \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Personal check payable to **MADPAC**  
 Personal credit card:  VISA  MasterCard  American Express  
Card# \_\_\_\_\_ Amount \$ \_\_\_\_\_  
CVV \_\_\_\_\_ Exp. (mm/yy) \_\_\_\_\_  
Cardholder name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Billing address \_\_\_\_\_

**Third player** \_\_\_\_\_  
Company \_\_\_\_\_  
**Home address** \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Personal check payable to **MADPAC**  
 Personal credit card:  VISA  MasterCard  American Express  
Card# \_\_\_\_\_ Amount \$ \_\_\_\_\_  
CVV \_\_\_\_\_ Exp. (mm/yy) \_\_\_\_\_  
Cardholder name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Billing address \_\_\_\_\_

**Fourth player** \_\_\_\_\_  
Company \_\_\_\_\_  
**Home address** \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Daytime phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Personal check payable to **MADPAC**  
 Personal credit card:  VISA  MasterCard  American Express  
Card# \_\_\_\_\_ Amount \$ \_\_\_\_\_  
CVV \_\_\_\_\_ Exp. (mm/yy) \_\_\_\_\_  
Cardholder name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Billing address \_\_\_\_\_