

**Ocean City-Berlin  
Optimist  
Youth Foundation, Inc.**

**For contributions, call  
410 641-6746**

***Tee Box Sponsor***

*Bronze Level—\$100*

*Silver Level—\$500*

*Gold Level—\$1,000*

*Platinum Level —\$5,000*

***Golf Participants:***

*Foursome: \$360*

*Individual Golfer: \$90*



***Make checks payable to:***

**Ocean City Berlin Optimist Youth  
Foundation**

***Mail To:***

**Ocean City/Berlin Optimist  
Youth Foundation  
P.O. Box 1403  
Ocean Pines, MD 21811**

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***10th Annual  
OPTIMIST  
SCHOLARSHIP ENDOWMENT  
GOLF TOURNAMENT  
August 7, 2019***



**For Information, call:  
410-641-6746**

**Schedule of  
Events**

**August 7, 2019**

Bring your own foursome or we will match you with other golfers. Many prizes await the participants.

Lunch will be provided by Smoker's Bar BQ

Dinner will be provided to registered players at no additional cost.

**Ocean City Golf Club  
Newport Bay Course**

**Registration**  
begins at 11:45 AM

**Tournament**  
begins at 1:00 PM

Shotgun Start  
Scramble with  
25% of Team Handicap

**Awards Dinner**  
Award/Raffle  
begins at 5:30 PM

**10TH ANNUAL  
SCHOLARSHIP  
ENDOWMENT  
GOLF TOURNAMENT**

The Optimist Club and Youth Foundation has awarded over 400 scholarships, totaling more than \$1,900,000 over the past 30 years. The Foundation is a 501(c) 3 organization.



Scholarships are awarded to college ready, Stephen Decatur High School seniors. During the selection process, emphasis is placed on scholastic achievement, school activities, community service and financial need.

**Player 1**  
Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Player 1**  
Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Player 3**  
Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Player 4**  
Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_