



**SIXTH ANNUAL JAY BALCHUNAS  
MEMORIAL GOLF OUTING  
AUGUST 14, 2010**

**FOR BENEFIT OF  
JAY BALCHUNAS MEMORIAL SCHOLARSHIP FUND  
(A FUND OF THE WAUKESHA COUNTY COMMUNITY FOUNDATION)**

Entry fee per player is **\$100**, of which **\$25** is tax deductible. Please make **checks payable to the Waukesha County Community Foundation**, with the notation **"Jay Balchunas Memorial Scholarship Fund"** and mail to:  
Jay Balchunas Memorial Golf Outing, P.O. Box 510627, New Berlin, WI 53151-0627.

You may sign up individually and we will pair you in a team accordingly. Players may also create their own team. **The entry fee for a team is \$400**. If any players in a foursome are yet to be determined, please enter TBD and follow up with Dan Balchunas at [dtbalchunas@yahoo.com](mailto:dtbalchunas@yahoo.com).

The format is a Scramble, which gives players of all skill levels an opportunity to contribute to their team's success. **The field is limited to the first 144 name entries.**

Course           New Berlin Hills  
                      13175 W. Graham  
                      New Berlin, WI 53151  
                      [www.newberlinhillsgolf.com](http://www.newberlinhillsgolf.com)

**NOTE WELL:** There will be no refunds and no postponement of this event due to weather. In the event of inclement weather and cancellation of the golf portion of this event, the dinner and silent auction will be held as scheduled, starting at 5 PM at New Berlin Hills.

Player 1 (Team Captain): \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ **e-mail\***: \_\_\_\_\_

Player 2: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ **e-mail\***: \_\_\_\_\_

Player 3: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ **e-mail\***: \_\_\_\_\_

Player 4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ **e-mail\***: \_\_\_\_\_

**Dinner only** packages also available for \$30.00 per person.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ **e-mail\***: \_\_\_\_\_

**\*e-mail address is important for last minute communication.**

WCCF is a 501(c) 3 organization.