



Please mail the registration form on reverse side to:

*Meals on Wheels
Lewes Rehoboth
32409 Lewes Georgetown
Highway
Lewes, Delaware 19958*

*OR
Fax to: (302) 644-1676
OR*

*Email to:
kathykeuski@mealsonwheels-lr.org*

*Registration also available on our website:
www.mealsonwheels-lr.org*



It is the mission of Meals on Wheels of Lewes & Rehoboth, Inc. to feed the homebound & to reduce the alternative of institutionalization.

Did you know....

Meals on Wheels of Lewes & Rehoboth, Inc. was founded in 1970 and was the first home-delivered meal program in the State of Delaware. The program is now in its' 49th year of service to the local community. Meals are provided 365 days each year to over 380 homebound residents in Lewes, Rehoboth, Dewey Beach and Harbeson.

In 2018, over 101,000 meals were served by our agency! This just would not be possible without our supporters and sponsors, such as you.

We hope you are able to participate in this years' tournament. The golf course at Rehoboth Beach Yacht and Country Club offers a great opportunity to challenge your skills amidst beautiful scenery overlooking the bay.



42nd Annual Harry Derrickson Memorial Golf Tournament

**Monday
September 16, 2019
at the
Rehoboth Beach
Country Club**

12:30 pm - Tee Off

**REGISTRATION
(Non Refundable)**

Fees: \$175 per player
 \$650 per team (4 players)
 \$25 Super Ticket per player
 (Available at Registration)

Includes: Green fee, cart, gift bag,
 beverages on course, lunch, and Awards
 Ceremony (lite fare/beverages).

SCHEDULE

11:30 a.m. - Registration & Lunch
 12:30 p.m. - Shotgun start
 4:00 p.m. - Awards Ceremony

Note: Dress Code strictly enforced
 Soft spikes only!

Thank you!

Registration can also be taken by phone:
 302-645-7449

or through our website:

www.mealsonwheels-lr.org



PLAYER INFORMATION

Player # 1 *Handicap*

Address

Address

Email *Phone*

Player # 2 *Handicap*

Address

Address

Email *Phone*

Player # 3 *Handicap*

Address

Address

Email *Phone*

Player # 4 *Handicap*

Address

Address

Email *Phone*

**COMPANY INFORMATION
(If Applicable)**

Company Name

Address

Address

Phone

Email

Foursome **\$650**

Single **\$175**

TOTAL \$_____

- Discover* *MasterCard*
 Visa
 Check (payable to Meals on Wheels, Inc.)

(We do not take American Express)

Credit Card # _____

CW# _____ *Exp. Date* _____

Name on Card: _____

Address: _____

Phone: _____ *Email:* _____

Signature _____

*By signing & submitting this form, I
 agree to have my credit card charged for
 the total amount listed.*