

# Chicago Actuarial Association

## 2009-2010 Officers

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Website - <http://ChicagoActuarialAssociation.org> E-mail - [ChicagoAct@gmail.com](mailto:ChicagoAct@gmail.com)

## EVENT: Summer 2010 Golf Outing

Date: Friday August 27, 2010  
Location: Chevy Chase Golf Course, Wheeling, IL  
Tee Time: 11:30 am shot gun start (see below)  
Fee: \$30  
Coordinator: Jim Thompson, Central Actuarial Associates

The Chicago Actuarial Association Golf Outing will be at Chevy Chase Golf Course in Wheeling. The Chevy Chase Golf Course is located on Milwaukee Avenue (Route 21), north of Lake Cook Road and south of Deerfield Road. Milwaukee Avenue is about 1 mile west of 94/294. The subsidized price of the outing (\$30) includes 18 holes of golf, cart, beverage tickets and lunch. **Please be sure to arrive by 11:00 am, which is 30 minutes before the shot gun start at 11:30 in order to ensure that you get your box meal, your golf cart and your foursomes in place.**

We will once again promote networking with fellow Chicago actuaries by requesting that participants submit their applications with at most one other person. Golfing foursomes will be based on blind bogey. The blind bogey should be a number that when subtracted from your 18-hole score gives a result between 72 and 90. **Applications should be submitted along with payment to the Chicago Actuarial Association by Thursday, August 12<sup>th</sup>**, to allow time for scheduling and notification of tee times. You may register by **mail, Fax, or E-mail**.

Fax and E-mail registrations require the use of a credit card. Please send your registration and payment to:

Jim Thompson, Central Actuarial Associates  
P.O. Box 1361  
Crystal Lake, IL 60039-1361  
E-mail: [jimthompson@ameritech.net](mailto:jimthompson@ameritech.net) / Fax number: 815-459-2092

If you have questions, please contact Jim at **815-459-2083** or E-mail [jimthompson@ameritech.net](mailto:jimthompson@ameritech.net)

Name(s)	Company	Phone Number	E-mail Address	Blind Bogey
1.				
2.				

### Please indicate any special dietary requirements here:

If paying by credit card: Please print clearly. VISA[ ], MasterCard[ ], Am Express [ ], Discover [ ]

Name as it appears on credit card: \_\_\_\_\_

Billing Address on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Signature: \_\_\_\_\_