



# 2018 MHCA Golf Tournament

Oak Ridge Country Club | Hopkins, MN

Monday, July 30, 2018

*Don't miss this opportunity to play one of the best PRIVATE courses in the Twin Cities!*

Don't miss your chance to play one of the area's most exclusive clubs!



## MHCA Annual Golf Tournament Monday, July 30, 2018

10:30 a.m. - Registration

11:00 a.m. - Lunch

12:00 p.m. - Shotgun Start

4:30 p.m. - Reception/Heavy Appetizers



**Oak Ridge Country Club  
700 Oak Ridge Road  
Hopkins, MN 55305**

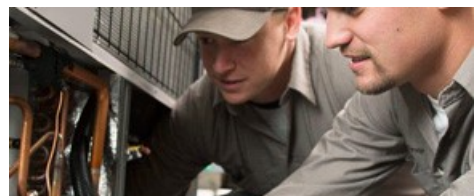
Join us on **Monday, July 30 at Oak Ridge Country Club** for a day of golf, networking and fun! Oak Ridge Country Club is a premier golf destination in Minnesota but still perfect for golfers of all skill levels.

Founded in 1921, Oak Ridge Country Club is known for mature trees and well-placed bunkers and with food that is second to none. This a "don't miss" course that will truly satisfy!

Your **registration includes lunch, golf, cart, range balls, and a post golf reception and dinner.** Improve your score (and fun) with an "Oh Bleep" bag! **Mark your calendar, invite your friends and colleagues, and plan to join us for the industry's best outing.**

Save time and purchase your "Oh Bleep" bags in advance!

**A portion of the event proceeds will be used to support HVAC scholarships.**





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## EVENT DETAILS:

- Date:** Monday, July 30, 2018
- Time:** 10:30 a.m. Registration/11:00 a.m. Lunch/12:00 p.m. Shotgun Start
- Location:** Oak Ridge Country Club  
700 Oak Ridge Road | Hopkins, MN 55305
- Format:** Scramble Format
- Golf Package:** Includes lunch, green fees, range balls, cart & post-golf reception/heavy appetizers
- Cost:** 4-some: \$650 per team / \$175 per individual

**REGISTRATION INFORMATION:** *Register by Monday, July 23, 2018!*

**Copy form for additional foursomes**

Name

Company

	Name	Company
#1:		
#2:		
#3:		
#4:		

<input type="checkbox"/> I would like to purchase an "Oh Bleep!" bag (\$50.00)	\$ _____
<input type="checkbox"/> 4-some: \$650 per team	\$ _____
<input type="checkbox"/> \$175 per individual	\$ _____
<b>GRAND TOTAL</b>	<b>\$ _____</b>

## PAYMENT INFORMATION:

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

Contact: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Check Enclosed       Bill me

Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

**Questions? Call MHCA at 888-782-6815.**



**Please fax or mail your registration form to the Minnesota Heating & Cooling Association at:  
6066 Shingle Creek Parkway | Suite 167 | Brooklyn Center, MN 55430 | Fax: 888-287-4116**