

# 1st Annual Windy City Adaptive Open

Shirley Ryan  
**Abilitylab**

**CHICAGO  
PARK  
DISTRICT**

**Inclusive Golf Tournament**

Friday, September 15, 2017

Jackson Park  
6401 S. Richards Dr.  
Chicago, IL 60649

11:30 am Check-in/12:45 pm Tee-off

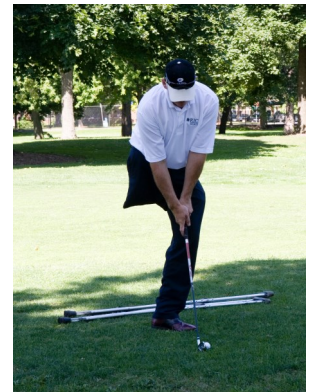
\$450 per Team or  
\$125 per Individual Golfer

Golf, lunch, snacks, giveaways, raffles and great fun...



The Windy City Adaptive Open shines a spotlight on athlete **ABILITY** at every level. Be a part of this unique event and support golf for everyone.

The Chicago Park District and the Shirley Ryan AbilityLab provide adaptive sports, recreation, and social activities for individuals with physical disabilities throughout Chicago.



Register your foursome today for this great event or **sign up a team of 3 golfers and we will partner your team with a PRO golfer with a disability**, simply check the box on the registration form. Don't have a team but want to play, sign up as an individual and we will place you on a team.



## Registration Form

Company/Team/Individual Name: \_\_\_\_\_  
*(Register individually or your entire team)*

Player 1: \_\_\_\_\_

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

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

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

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

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

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

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

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

Please assign a PRO Golfer to my team as my fourth player

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

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

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

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Adaptive Open  
Friday, September 15, 2017**

**11:30 am Registration Open  
Lunch served**

**12:30 pm Report to Carts**

**12:45 pm Shotgun Start  
Scramble Format**

**6:00-7:00 pm Awards  
Cocktails/hors d'oeuvres**

Hosted at  
Jackson Park Golf Course



**JACKSON PARK**  
CHICAGO PARK DISTRICT GOLF  
6401 S. Richards Dr.  
Chicago, IL 60649

**Please return completed application with  
payment by Tuesday, September 12, 2017  
\$450per team/ \$125per individual**

Send to: Derek Daniels  
541 N. Fairbanks Ct. Mezz  
Chicago, IL 60611

(Phone) (312) 238-5008 or (Fax) (312) 238-5017  
(E-mail) [ddaniels@sralab.org](mailto:ddaniels@sralab.org)

**\*Checks Payable to Shirley Ryan AbilityLab  
\*Call to pay by credit card**

Office Use Only:

Check #: \_\_\_\_\_

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

Cash: \_\_\_\_\_

Registration Taken By: \_\_\_\_\_

Date Received: \_\_\_\_\_