



Wheeling & Able Golf Classic
September 14, 2010
Lyman Orchards Golf Club
Middlefield, CT 06455

Great Golf for a Great Cause!

Come out for a great day of golf on one of New England's finest public courses to benefit the programs and services of the **Connecticut Chapter** of the **National Spinal Cord Injury Association (NSCIA-CT)**.

Funds raised at the 11th Wheeling and Able Golf Classic will stay in Connecticut to help those who have suffered a spinal cord injury and supplement statewide education and outreach programs.

The Connecticut Chapter of the National Spinal Cord Injury Association is a not-for-profit organization funded solely by membership dues and charitable donations. Contributions to the Wheeling and Able Golf Classic are tax deductible. For additional information on the NSCIA-CT, contact our office at (203) 284-1045 or visit us at www.sciact.org.

For additional information on the Wheeling & Able Golf Classic, contact Eastern Rehabilitation Network at 860-667-5468, 860-667-5480, or at www.easternrehab.net.

Schedule:

- 7:30 - 8:45 am Registration
- 8:00 - 9:00 am Continental Breakfast
- Practice Tees & Greens Open
- 9:00 am Shotgun Start (scramble format)
- 9:00 - 2:00 pm Golf, Robert Trent Jones course
- 2:00 - 3:30 pm Awards Luncheon (buffet style BBQ)

Directions to Lyman Orchards Golf Club:

Rte. 157, Middlefield, CT 06455, 1-888-99-LYMAN,
www.lymanorchards.com

From Hartford: I-91S to Exit 20. Turn Left on Middle Street. Turn Left on Country Club Road and follow for 1.6 miles. Turn Right on Higby. Higby becomes Jackson Hill Road. Follow Jackson Hill Road for about 3.5 miles to the end, merge with Rt. 157. Follow the signs.

From New Haven: I-91N to Exit 15. Turn right on Route 68 and follow for about 2.5 miles. Turn Left onto Route 157 and follow for about 1.5 miles. Follow the signs.

From Waterbury: I-84E to I-691E (becomes 66E). Turn Right on Route 147, which merges with Route 157, and follow the signs.

Registration:

Contact Name _____

Business Name _____

Address _____

Telephone Number _____

Fax Number _____

E-mail address _____

I/We would like to play golf as:

___ Individual (\$150.00)

___ Foursome (\$500.00)

Golfer #1

Name _____

Address _____

Tel. (day) _____

Golfer #2

Name _____

Address _____

Tel. (day) _____

Golfer #3

Name _____

Address _____

Tel. (day) _____

Golfer #4

Name _____

Address _____

Tel. (day) _____

Payment:

Check enclosed (payable to Eastern Rehabilitation Network)

Check to be mailed by Aug. 13, 2010

Credit/Debit Card: MasterCard Visa

Name on card _____

Address on card _____

Card Number _____

In the amount of \$ _____

Expiration Date _____

Return Registration to:

Wheeling & Able Golf Classic
c/o Eastern Rehabilitation Network
181 Patricia M. Genova Drive
Newington, CT 06111
Tel. 860-667-5480; Fax 860-667-8416
www.easternrehab.net



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