

CSEA Region 6 Robert L. Lattimer Sunshine Fund

Presents

**23rd Annual CSEA Region 6**

Jim Jayes Golf Tournament

2025 Participation Form

*Applications must be submitted with payment no later than  
Friday, July 11, 2025*

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_  
Local/Unit \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please make checks payable to the CSEA Region 6 Sunshine Fund

**GOLF PARTICIPATION - July 18, 2025**

Includes: Golf, Cart, Lunch, Beverage and Dinner

Cost: **\$110.00 per Player (\$440/Team)**

One Check Per Team If Possible

Team/Golfer	NAME
PLAYER 1	_____
PLAYER 2	_____
PLAYER 3	_____
PLAYER 4	_____

ALL PLAYERS MUST BE LISTED

Team/Golfer Contact Email address:

**You will be contacted as soon as we receive your application and payment. If you do not receive notification from us, please contact Bob Pazik at 716-361-8943.**

**Dinner Only - July 18, 2025**

Cost: \$25.00

\_\_\_\_\_ Number of Dinners \_\_\_\_\_ Cost

I cannot participate in the dinner or tournament, but I wish to make a donation.

\$\_\_\_\_\_ Amount

**\* LIMITED TO 144 GOLFERS - FIRST COME, FIRST SERVE**

*Send all forms and money ONLY to:*

**Robert Pazik  
8207 Tonawanda Creek Rd  
East Amherst, NY 14051**