



**15th Annual Chuck Scally Memorial Open**  
**for Golfers with Disabilities**  
**Monday, August 13, 2007**  
**Fox Run Golf Course, Beaver Falls, PA**



In March of 1996, the golf community experienced a great loss with the passing of Chuck Scally, Sr. Chuck, golf pro and owner of Scally's Golf Center in Moon Twp., was a great friend of golfers throughout the tri-state area, especially golfers with disabilities. This tournament, named in his honor, is a tribute to a man who dedicated himself to helping people with disabilities experience and enjoy the game of golf. Today, we take this opportunity to remember his generosity and to thank his family for their continued support of this event.

In its 15th year the Chuck Scally Memorial Open, a scramble format tournament, is the only golf tournament in western PA open to players with all types of disabilities, including leg and arm amputation, spinal cord injuries, arthritis, cerebral palsy, orthopedic disabilities, polio, and survivors of stroke and brain injury.

The **deadline for registration is Friday, July 27th**. The registration fee is \$50 and covers green fees, shared golf cart, commemorative golf shirt, and the awards banquet. Guests may attend for an additional \$20.

Trophies will be awarded to the top 3 teams. Other prizes categories include: closest to the pin, longest putt, and the longest drive. Tournament details and directions to Fox Run will be sent with your registration confirmation.

**Registration Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Disability: \_\_\_\_\_ Onset of Disability: \_\_\_\_\_

Limitations: \_\_\_\_\_

Have you played since your illness/ injury?  Yes  No If so, what is your handicap? \_\_\_\_\_

What would you consider to be the strongest part of your game? \_\_\_\_\_

To assist in team pairing, please provide as much information as possible about your previous golf experience: \_\_\_\_\_

Shirt size: \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL

How many additional guests will be attending the banquet (\$20/guest)?: \_\_\_\_\_

Please mail completed registration form with check made payable to:



**HOPE Network**  
**PO Box 11460**  
**Guys Run Road**  
**Pittsburgh, PA 15238**



Hanger/Medical Center Brace

For more information, call Mark Kulzer at 412-848-8896 or Leah Gray at 412-826-2703.