OCEAN CITY-BERLIN
O P T I M I S T   C L U B
and
Youth Foundation

Registration:

includes lunch, golf & dinner:

Individual $125
Foursome $500

golf
Tee Box Sponsors:

Bronze $100
Silver $500
Gold $1000
Platinum $5000

Make Checks Payable to:
Ocean City Berlin Optimist
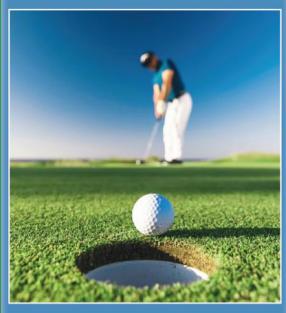Youth Foundation, Inc.

Mail to:
P.O. Box 1403
Ocean Pines, MD 21811

We accept contributions and
donations for our raffle baskets.
For more information, please call
Charlie Smith 410.603.2358 or
Doug Fischer 703.424.5758.

Ocean City-Berlin Optimist
Youth Foundation, Inc.
P.O. Box 1403
Ocean Pines, MD 21811

OCEAN CITY-BERLIN
O P T I M I S T   C L U B
and
Youth Foundation

15th Annual
Optimist
Scholarship
Golf Tournament

August 27, 2025

OCEAN CITY
OCEAN CITY
GOLF CLUB
1959

Newport Bay Course

golf Tournament

Schedule of Events

- Bring your own foursome or we will match you with other golfers.

- Many prizes await the participants.

- Lunch and Dinner are also provided at no additional cost.

August 27, 2025

OCEAN CITY
GOLF CLUB
1959

Newport Bay Course

Registration
Begins at 11:45 am

Tournament
Begins at 1:00 pm
Shotgun Start
Scramble with 25% of
Team Handicap

Awards Dinner
Award / Raffle Begins at 5:30 pm

The Ocean City-Berlin Optimist Club and Youth Foundation have awarded over $2,500,000 in scholarships over the past 34 years. The Foundation is a 501(c) 3 organization.

Scholarships are awarded to college ready, Stephen Decatur High School seniors.

During the selection process emphasis is placed on scholastic achievement, school activities, community service and financial need.

OCEAN CITY-BERLIN
OPTIMIST CLUB

15th Annual
Optimist Scholarship Golf Tournament

Be a friend to youth and advertise your business or organization!

Donate merchandise or gift certificates or be a sponsor!

Player 1

Name: _____
Handicap: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

Player 2

Name: _____
Handicap: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

Player 3

Name: _____
Handicap: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

Player 4

Name: _____
Handicap: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____