

# Annual CICL Golf Invitational Program Book

## *In Memory of . . .*

Parents, grandparents, family members and friends are invited to submit the name of their loved one for the memorial section in the **Program Book** of the Annual CICL Golf Invitational. A copy will be mailed to you after the event.

### PLEASE PRINT

Child's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Parent's name(s): \_\_\_\_\_ Email address: \_\_\_\_\_

Your name: \_\_\_\_\_

Your relation to child: \_\_\_\_\_

Your address: \_\_\_\_\_

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

**You may include your personal message and a photo. Photos are not returnable. Please send a copy. In our effort to include your entire message please remember that there is a limited amount of space.**

Message: \_\_\_\_\_

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Memorials in the year's Annual CICL Golf Invitational Program Booklet are currently being accepted at no charge. Memorials will be accepted on a first come, first served basis. We will accept memorials until there is no longer room in program booklet.

Please keep in mind:

Memorials will be full or half page depending on the number of requests received.

Unless space permits otherwise, only one memorial per child will be accepted.

Place your request as soon as possible to assure placement in the program book.

**Deadline for submission is August 17<sup>th</sup>.**

Donations will be accepted but are not required.

**Send completed form to:**



*Center for Infant & Child Loss*

737 W. Lombard Street, Room 233  
Baltimore MD 21201

[lbates@som.umaryland.edu](mailto:lbates@som.umaryland.edu)



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