

*Directions to  
Hawk Pointe Golf Club  
291 Route 31 S., Washington, NJ  
(908) 689-1445*

**FROM THE EAST** - Route 78 to Exit 17/Clinton, to Rt. 31 North. Travel 9.4 miles through seven lights. Hawk Pointe Golf Club entrance on right.

**FROM THE WEST** - Route 78 to Exit 16/Clinton, to Rt. 31 North. Travel 9.4 miles, through seven lights. Hawk Pointe Golf Club entrance on right.

**Distances**

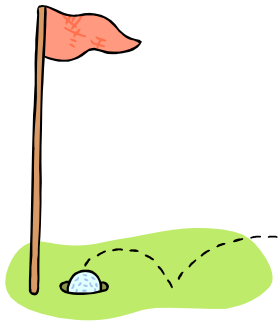
55 minutes from Newark International Airport

35 minutes from Allentown, PA

30 minutes from Hackettstown, NJ

**Golf Course Superintendents  
Association of New Jersey**

25 US Highway 46 West  
Wayne, NJ 07470  
1-866-427-2651  
Fax: 973-812-6529  
[www.gcsanj.org](http://www.gcsanj.org)



**GCSANJ  
May 2008  
Meeting  
Notice**

**Wednesday  
May 28, 2008**

***Hawk Pointe Golf Club  
291 Route 31 South  
Washington, NJ***

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## GCSANJ MAY 2008 MONTHLY MEETING

**DATE:** Wednesday, May 28, 2008

**PLACE:** Hawk Pointe Golf Club  
Washington, NJ

**DIRECTIONS:** See back panel

**HOST:** David Reece

**DIRECTORS:** Michael Campbell &  
Mark Griff

**REGISTRATION:** 9:30 am – 10:45 am (sharp)

**EDUCATION:** 10:45 am – 11:15 am

**SPEAKER:** John O'Keefe, CGCS

**TOPIC:** Update and Future Plans for  
GCSAA

**LUNCH:** 11:30 am – 12:45 pm  
*Sponsors:*  
*Cleary Chemical,*  
*E/T Equipment, and*  
*Downes Tree Service*

**GOLF:** Gather by carts: 12:45 pm  
**SHOTGUN:** 1:00 pm (sharp)

**RECEPTION:** 5:30 pm  
Sponsored by: Shearon Golf

**COSTS:** Lunch, Golf, Cart, Tourney  
& Reception: \$117.00 pp  
Lunch & Speakers Only:  
\$30.00 pp.  
Reception Only: \$40.00 pp

**DRESS CODE:** Normal Golf Attire

**The club requires a minimum of 72  
players. Please try and attend this  
meeting. This will be the last state  
monthly meeting until our  
Championship in October.**

**Meeting Policy:**

Attendance at meetings will be in accordance with the following policy adopted and introduced by your Executive Committee:

**A. Guests**

1. Each member is allowed one guest per meeting and only two guests total per year, except for guests who are golf club officials.

2. Guests must not sign chit for expenses at a meeting. Any member bringing a guest must sign for her/him.

**B. Attendance**

You must pre-register with Cece Peabody at the Association Headquarters. The Superintendent of the host club will not accept reservations.

Attendance will not be permitted without proper reservations and payments made by return of the form provided with the Meeting Notice within the specified deadline.

**C. Cancellation**

If reservation(s) is made but unable to attend for unforeseen reasons, cancellation of reservation(s) will be required and accepted up to 48 hours before the scheduled meeting. Any reservation(s), which is not cancelled within the prescribed period, will be billed and obligated for payment of dinner cost.

Cancellations are to be made with Association Headquarters. Contact Cece Peabody at (866) GCSANJ1. The Superintendent of the host club will not accept cancellations.

This Meeting Policy will provide for more orderly meetings for the convenience of all concerned as well as improve upon our professionalism. Your cooperation in adhering to this Policy is requested.

**Reservations must be received no later than  
May 24, 2008. All reservations must be  
accompanied by a check or credit card.  
No telephone reservations will be accepted.**

Return by Mail: Cece Peabody, Exec Director  
GCSANJ  
25 US Highway 46 West  
Wayne, NJ 07470

Fax with Credit Card info: (973) 812-6529

Questions? Call (866) 427-2651

**REGISTRATION FORM  
Hawk Pointe Golf Club  
ACCEPTED NO LATER THAN  
May 24, 2008**

**PRE-REGISTRATION MEMBERS ONLY**

Please register the following (PRINT names):

Name \_\_\_\_\_

Club/Company \_\_\_\_\_

Index \_\_\_\_\_

Lunch Golf, Carts, Tourney &  
Reception: \$117.00 pp

Lunch & Speakers Only - \$30.00 pp

Reception Only - \$40.00 pp

Guest \_\_\_\_\_

Club/Company \_\_\_\_\_

Index \_\_\_\_\_

Lunch Golf, Carts, Tourney &  
Reception: \$117.00 pp

Lunch & Speakers Only - \$30.00 pp

Reception Only - \$40.00 pp

**If you know whom you are playing with,  
please PRINT their name(s):**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

***If this form is not completed, teams will be  
assigned.***

**Make check payable to: GCSANJ**

**We also accept: Visa, MasterCard, AMEX**

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

3 Digit Card Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Signature \_\_\_\_\_