

Warrior Booster Club Annual Golf Tournament

Monday, June 13, 2011

Centennial Valley Golf Club – Conway, AR

ENTRY FORM



MAJOR SPONSOR: **NABHOLZ CONSTRUCTION SERVICES**
HOLE-IN-ONE SPONSOR: Prize on #16 sponsored by **SMITH FORD, INC.**
BENEFITING: The Warrior Booster Club, Hendrix College
FORMAT: Four-person scramble; limited to first 36 teams
DATE: Monday, June 13, 2011
REGISTRATION: Morning Flight 8:00 a.m. - Afternoon Flight 12:30 p.m.
TEE TIME: 8:30 a.m. & 1:00 p.m. shotgun starts
LUNCH: Served from 11:30 a.m. – 1:30 p.m.
FLIGHTS: One morning and one afternoon (**List your preference; first come, first served with early entry and payment**)
PRIZES: Prizes for top three teams in each flight; closest to the pin on all par 3s and longest drive contest.
ENTRY FEE: \$400 per team, (\$100 single) includes carts, lunch and gift bag

PLEASE PRINT
Entries and payment due by June 6, 2011

TEAM MEMBERS: Morning Flight: _____ Afternoon Flight: _____ (check one, FIRST COME, FIRST SERVED)

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

_____ *I AM PLAYING AS A SINGLE; PLEASE ASSIGN ME TO A TEAM*

_____ *I CANNOT PARTICIPATE, BUT I WOULD LIKE TO BE A \$100 HOLE SPONSOR*

Make checks payable and remit to:
Warrior Booster Club - Hendrix College
1600 Washington Avenue - Conway, AR 72032
For information contact Laurie Smith, phone 501.450.4573 or fax 501.450.3805
Email smithl@hendrix.edu

Also sponsored by: Mt. Home Charter Service and France-Tilley Family Medicine



Hendrix College
Athletic Department
Credit Card Transactions

Date: _____

(Check one)

MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____

Cardholder's Name: _____
(list name as it appears on card)

Credit Card #: _____

Security Code on back of card: _____

Expiration Date: _____

AMOUNT: \$ _____

ATHLETIC DEPARTMENT USE ONLY

Description: _____

GL Account Name: _____

GL Account #: _____

BUISNESS OFFICE USE ONLY

Processed on: _____

Amount: _____

Approval: _____

Initials: _____