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:_____________