

Summit Golf Outing
Tuesday, June 25, 2024



Cherry Blossom Golf Club
Check In: 7:30 AM
Shotgun Start: 8:00 AM

Golf Only Registration

Primary Contact: _____ Title: _____
 Company: _____
 Mailing Address: _____
 City, State, ZIP: _____
 Work Phone: _____ Email: _____

GOLFER NAME:	Golf (\$95/person)	Sponsorship
_____	<input type="checkbox"/>	_____ X \$100
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
TOTALS:	_____	Company name to appear on signage: _____

Total Golfers X \$95 = _____
 Total Golf Sponsorships X \$100 = _____
TOTAL DUE _____

Payment Information: <input type="checkbox"/> Charge credit card below <input type="checkbox"/> Send me an invoice	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card#	
Sec #	Exp. Date:
Name on Card:	
Cards Billing Address:	
Amount Charged:	Signature:

Make Checks Payable To:
ACTS
PO Box 644
Conway, AR 72033

Canceling before 5/26/24 will receive a refund, less a non-refundable \$100 deposit. No refunds will be issued after this date.

Charge will show ACTS NOW on statement.