



**GOLF EVENT REGISTRATION**  
**(Deadline: May 24, 2017)**

**Event Date:**  
**Wednesday, May 31, 2017**

**Event Location:**  
**The Tribute Golf Club**

1000 Lebanon Rd  
 The Colony, TX 75056  
 (972) 370-5465  
 www.thetributegc.com

Golf Event Sponsors



Bus departs hotel at 6:50am - Shotgun start at 8:00am

**Cost: \$125/person**

**2017 Golf Package: \$1000**

Package includes 4 golf registrations, tee sign, and \$250 donation to American Cancer Society

**(Golf registration does not include club rental fee. Clubs rental is \$59.99 paid to the Tribute Golf Club at the time of pick-up.)**

Name(1) \_\_\_\_\_

Name(2) \_\_\_\_\_

Handicap/Average \_\_\_\_\_ E-mail \_\_\_\_\_

Handicap/Average \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Club Rental? L or R \_\_\_\_\_

Phone \_\_\_\_\_ Club Rental? L or R \_\_\_\_\_

Name(3) \_\_\_\_\_

Name(4) \_\_\_\_\_

Handicap/Average \_\_\_\_\_ E-mail \_\_\_\_\_

Handicap/Average \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Club Rental? L or R \_\_\_\_\_

Phone \_\_\_\_\_ Club Rental? L or R \_\_\_\_\_

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Credit Card Total \$** \_\_\_\_\_ **# Riding shuttle?** \_\_\_\_\_ **Mobile Number** \_\_\_\_\_

Credit Card Number \_\_\_\_\_ CCV \_\_\_\_\_ Exp. Date \_\_\_\_\_

CrCd Billing Name and Address (Required) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

**Email form with credit card billing information to [diane.merino@nafassociation.com](mailto:diane.merino@nafassociation.com) or fax to (410) 712-4038**