

**Golf Only Registration  
Golf Hole Sponsorship**

**The Summit Golf Tournament  
Tuesday, January 15, 2019**



Course - TBD  
8:00 AM - Shotgun Start

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

<p><b>GOLFER NAME:</b></p> <p style="text-align: right;">Golf (\$85/person)</p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p style="text-align: right;"><b>TOTALS:</b> _____</p>	<p style="text-align: center;"><b>Golf Hole Sponsorship (\$100/hole)</b></p> <p style="text-align: center;">Number of holes to sponsor _____ X \$100</p> <p style="text-align: center;">Company name to appear on signage:</p> <p style="text-align: center;">_____</p>
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Total Golfers      X \$85 = \_\_\_\_\_  
 Total Golf Hole Sponsorships      X \$100 = \_\_\_\_\_  
**TOTAL DUE** \_\_\_\_\_

- Pay by check (Payable to ACTS) Mail to: PO Box 644, Conway AR 72033
- Pay by credit card (Enter information or register online at [www.louisiana.damagepreventionsummit.com](http://www.louisiana.damagepreventionsummit.com))

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on card \_\_\_\_\_

Billing address (if different from above) \_\_\_\_\_

Charge will show as **ACTS NOW** on statement

For more information, visit [www.louisiana.damagepreventionsummit.com](http://www.louisiana.damagepreventionsummit.com), call ACTS at 888-548-6363, or email [thesummit@aligningchange.com](mailto:thesummit@aligningchange.com).