

Summit Golf Outing
Tuesday, January 28, 2025



TOPGOLF Lafayette

Check-In: 10:30 AM

Start Time: 11:00 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 Now Inc.
PO Box 644
Conway, AR 72033

Canceling before 12/31/24 will receive a refund, less a non-refundable \$100 deposit. No refunds will be issued after this date.

Charge will show as ACTS NOW on statement.