

**Golf Only Registration
Golf Hole Sponsorship**



**The Summit Golf Tournament
Wednesday, May 16, 2018**

Site: To be determined

9:00 AM - Shotgun Start

Primary Contact _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____ Email _____

GOLFER NAME:	Golf (\$85/person)	Golf Hole Sponsorship (\$100/hole)
_____	<input type="checkbox"/>	Number of holes to sponsor _____ X \$100 Company name to appear on signage: _____
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
TOTALS:	_____	

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.arkansas.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.arkansas.damagepreventionsummit.com, call ACTS at 888-548-6363, or email thesummit@aligningchange.com.