

**Golf Only Registration  
Golf Hole Sponsorship**



**The Summit Golf Tournament  
Wednesday, May 15, 2019**

**The Country Club of Arkansas  
3 Country Club Cr., Maumelle, AR  
8:00 AM - Shotgun Start**

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

Company \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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