

2018 TEE OFF CLASSIC



Monday, October 15th Pleasant Valley CC

Tee Off Classic Registration Form

Monday, October 15, 2018 Pleasant Valley CC

Tee Time: 1:00 p.m.

Team Captain Name: _____ Shirt Size: _____

Address _____ City _____

Zip: _____ Phone _____ Email: _____

Player 2: _____ Shirt Size: _____

Address _____ City _____

Zip: _____ Phone _____ Email: _____

Player 3: _____ Shirt Size: _____

Address _____ City _____

Zip: _____ Phone _____ Email: _____

Player 4: _____ Shirt Size: _____

Address _____ City: _____

Zip: _____ Phone _____ Email: _____

Yes, I would like to provide an item for the golf goodie bag (approx. 275 golfers)

Contact Name for Goodie Bag Item: _____ Phone/Email _____

Sponsorship Level: _____ \$\$ Amount: _____

Payment: (Please choose option below)

Please bill me for \$ _____ per month, beginning in the month of _____, 2018

My check for \$ _____ is enclosed. *(Please make payable to AEDD)*

Bill my credit card # _____ Exp. Date _____

Visa American Express Master Card CSV Code _____

Name as it Appears on Card: _____ Signature _____

Teams are first come, first serve. Please return completed registration form to AEDD ATTN:

Chris Shenep / AEDD, 105 E. Roosevelt, Rd. / Little Rock, AR 72206

Chris.shenep@aeddinc.org / 501-801-3644 / 501-912-0763

Clay Sanders, Chairman

