

**Summit Golf Outing**  
**Tuesday, September 17, 2024**



**Gulf Shores Golf Club**

**Golf Only Registration**

**Check In:** 8:30 AM

**Tee Time:** 9:00 AM w/ Shotgun Start

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

GOLFER NAME:	Golf (\$100/person)	Sponsorship
_____	<input type="checkbox"/>	_____ X \$100
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
<b>TOTALS:</b>	_____	
		<b>Company name to appear on signage:</b> _____

Total Golfers X \$100 = \_\_\_\_\_  
 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  
 PO Box 644  
 Conway, AR 72033

Canceling before 8/18/24 will receive a refund, less a non-refundable \$100 deposit. No refunds will be issued after this date.

Charge will show ACTS NOW on statement.