

Summit Golf Outing
Tuesday, September 9, 2025



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: _____ _____ _____ _____ _____ <p style="text-align: right;">TOTALS: _____</p>	Golf (\$100/person) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	Sponsorship _____ X \$100 Company name to appear on signage: _____
--	---	---

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 8/18/25 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.