

# REGISTRATION

For more information call (903) 463-8716 or [www.grayson.edu](http://www.grayson.edu)

## Contact Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Handicap\* \_\_\_\_\_

*\* team handicap will be determined by tournament organizers*

Team with \_\_\_\_\_ or

Assign Team: Yes \_\_\_\_\_ No \_\_\_\_\_

*Please submit team registration forms together, if possible.*

## Make My Reservation for:

\_\_\_\_\_ Bonner's Burger Lunch (*included in registration*)

\_\_\_\_\_ Post-tourney Memorial Reception (*included in registration*)

\_\_\_\_\_ Sponsor (Comp) for:

\_\_\_\_\_ Golf registration(s) @ \$100/person

= \$ \_\_\_\_\_

\_\_\_\_\_ Optional Split the Pot @ \$25.00

= \$ \_\_\_\_\_

\_\_\_\_\_ Mulligans @ \$10 each (*limit 2*)

= \$ \_\_\_\_\_

\_\_\_\_\_ Scholarship Contribution (*optional*)

\$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

## Payment:

\_\_\_\_\_ Check or \_\_\_\_\_ Visa / MasterCard / Discover

*(made payable to GC Foundation)*

Card No. \_\_\_\_\_

Exp Date \_\_\_\_\_ Zip Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

*We kindly request your EARLY REGISTRATION in order to plan appropriately! If received by Oct. 1- golf shirt guaranteed.*

**Mail to: Grayson College Foundation, 6101 Grayson Drive, Denison, TX 75020 or Email to: [hendrickk@grayson.edu](mailto:hendrickk@grayson.edu)**