

17th Fall Classic

GOLF TOURNAMENT - SEPTEMBER 12, 2011
MILLWOOD GOLF & RACQUET CLUB

TEAM REGISTRATION (see reverse side for payment information)

TYPE OF TEAM: (PLEASE CHECK ONE)

OPEN/CORPORATE TEAM:

- \$600 STANDARD FOUR-PERSON TEAM
- \$700 BONUS* FOUR-PERSON TEAM
- EARLY BIRD DISCOUNT ***

SENIOR TEAM**:

- \$500 STANDARD FOUR-PERSON TEAM
- \$600 BONUS* FOUR PERSON TEAM
- EARLY BIRD DISCOUNT ***

**Bonus Package includes for each player: 3 additional contests, raffle ticket, special gift, and mulligan)*

***To qualify for "senior status," the total years of all team players must equal 200 years or greater)*

****Deduct \$50 from team total if registered and paid prior to July 31, 2011*

SPONSOR PACKAGE TEAM (See sponsor form for details)

- PLEASE COMPLETE A SEPARATE FORM FOR EACH SPONSOR BENEFIT TEAM.

TEAM MEMBERS:

1.	NAME	AGE
	STREET ADDRESS	CITY ZIP
	PHONE	EMAIL
2.	NAME	AGE
	STREET ADDRESS	CITY ZIP
	PHONE	EMAIL
3.	NAME	AGE
	STREET ADDRESS	CITY ZIP
	PHONE	EMAIL
4.	NAME	AGE
	STREET ADDRESS	CITY ZIP
	PHONE	EMAIL

___ 8 AM tee preference ___ 1 PM tee preference

We will try to accomodate all requests for tee times.

Underwriting Sponsor: SPRINGFIELD GROCER COMPANY

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TEAM REGISTRATION PAYMENT INFORMATION

Please Choose One Method of Payment

CHECK: Make check(s) payable to SWMOA Foundation

Check Number: _____ Amount: \$ _____ .00

CREDIT CARD:

Call Juli Stovall at Southwest Missouri Office on Aging to submit credit card information by phone OR complete information below and mail or fax.

Fax: (417) 868-9523 or Toll Free Phone: (800) 497-0822

SPONSOR NAME (Company or Individual): _____

Today's date: _____ Card Type (check one) ___ Visa ___ MC

Credit Card Number: _____ Exp. Date: Month ___ Year ___

Amount to be charged to card: \$ _____ .00 3-digit code: _____

Cardholder Information:

Name on Card _____

Billing Address _____

City, State, Zip: _____ Daytime Phone: _____

Signature of Cardholder _____

INVOICE: please note early bird does not qualify if not paid prior to July 31

Thank you!

I prefer to submit payment from an invoice. Please send invoice to:

Name: _____

Address: _____

City, State, Zip _____

Submit completed form to:
SWMOA FOUNDATION
1735 S. Fort Ave.
Springfield, MO 65807
Fax: (417) 865-2683
attn: Juli Stovall