

REGISTRATION FORM & MAP

Hilaman Golf Course

2737 Blair Stone Rd. Tallahassee, FL. 32301 May 8, 2017 - 9:00 am Registration

10:30 am Shotgun Start

Company Name:						
Mailing A	Address:					
Contact	Person:					
Phone/E	mail:					
Please in	dicate your level of participation by placing an X next to your choice(s):					
	Team Registration	Ye	es (X)	Amount	Total	
1.	INDIVIDUAL PLAYER (Before April 17, 2017)			\$65.00		
2.	FOURSOME (Before April 17, 2017)			\$250.00		
Registration Total (Registration Includes Boxed Lunch)						
				T		
	Sponsorship	Ye	es (X)	Amount	Total	
1.	EVENT/NAME SPONSOR (Limit One)**			\$1,500.00		
2.	BEVERAGE SPONSOR (Limit One)*			\$850.00		
3.	FRONT NINE SPONSOR (Limit One)*			\$1,000.00		
4.	BACK NINE SPONSOR (Limit One)*			\$1,000.00		
5.	LUNCH SPONSOR (Limit One)*			\$850.00		
6. 7.	AWARDS SPONSORS (Limit Two)			\$250.00		
7. HOLE SPONSOR (Unlimited) *Includes One Foursome **Includes Two Foursomes				\$100.00		
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			Registration Total			
			Sponsorship Total			
Please make checks payable to: APWA Big Bend Chapter						
		ustura 200 C Ada	ms C+ D	ov A 10 Tallahasi	200 FL 22201	
Send payment to: Joseph Sisk, City of Tallahassee Underground Utilities & Public Infrastructure, 300 S. Adams St. Box A-18, Tallahassee FL. 32301						
Checks f	or the tournament registration must be received by April 28, 2017 to ensure you	ır team will be able	to parti	icipate.		
Registrat	ion Deadline: April 17, 2017 (Space is limited to 100 participants, so please regis	ster early)				
Please fi	I the names of your four players and one mailing and email address:					
	PLAYERS			TEAM CAPTAIN		
1.		Name:				
		Address:				
2.		City, State, Zip:				
		Telephone Number:				
3.		Email Address:				
4.						

Please send via E-mail attachment to Michelle.Hill@talgov.com

Questions about the Tournament: Michelle Hill – 850-891-5397 or email at Michelle.Hill@talgov.com

THANK YOU FOR YOUR SUPPORT OF THE APWA Big Bend Branch