

2010 Associa Cares Golf Scramble Registration Form

Tuesday April 27, 2010 * Wildcat Golf Club * 12000 Almeda * Houston, TX 77045

Registration Deadline: April 8, 2010



Fee: \$110 per person. Includes greens fees, golf cart, drinks, gratuities, range balls, and awards lunch. The tournament begins at 8:30am with a shotgun start. Prizes will be awarded at the end of play for winning team, hole in one, closest to pin, and longest drive contests.

Space is limited, so sign up early!

Full Name: _____ Email: _____
Organization: _____
Mailing Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____

Handicap/Average Score: _____

Participants:

1. _____
2. _____
3. _____
4. _____

Please list the names of the players and handicap that are being registered on this form. If not yet known, please indicate that and let us know the names as soon as you can prior to the tournament.

Club Rental Needed? YES NO
 Men's Right Handed Men's Left Handed
 Women's Right Handed Women's Left Handed

Payment for club rentals will be handled at the pro shop on the day of the tournament. Quantities are limited.

Sponsored By:



TOURNAMENT FEES - \$110 per player

Payment must be made in U.S. dollars by check or credit card. Forms submitted without payment will not be processed.

Check/Money Order Enclosed

Credit Card Payment Made

Confirmation # _____

To pay by credit card, please go online to www.associacares.com and select the "Donate Now" link. After the appropriate donation is made, you will receive a confirmation number. Please write this confirmation number on the form so we can verify your payment.

Cancellation Policy: There will be no refunds for cancellations. However, registration is transferable to another attendee or guest. Cancellation/substitution requests must be received in writing (via email or fax) on or before April 12, 2010.

In the case of inclement weather, Associa Cares reserves the right to reschedule the tournament to another date or cancel and issue certificates for a round of golf at Wildcat Golf Club.

Waiver of Liability:

In consideration of my entry, I, my heirs, executors and administrators waive all claims, release from all liability, and agree to hold harmless, Associa Cares, its agents, members and sponsors of this event for any and all injuries and damages suffered by me in connection with this event. I understand that this tournament entails personal risk, including serious bodily injury and even death, and I voluntarily assume that risk. I recognize the physical exertion involved in the event and attest and certify that I am physically fit to compete safely, and I have not been advised otherwise by a health care professional.

Signature _____

Date _____

Please return this form to:

John Black
Associa Cares
17049 El Camino Real #100
Houston, TX 77058

Fax: 281-218-6973
Phone: 832-864-1243
Email: johnb@houcomm.com