

# 2009 Associa Cares Golf Scramble Registration Form

Wednesday May 27, 2009 \* The Battleground at Deer Park \* 1600 Georgia \* Deer Park, TX 77536

**Registration Deadline: May 13, 2009**



**Fee: \$100 per person.** Includes greens fees, golf cart, gratuities, range balls, and dinner. The tournament begins at 1:30pm with a shotgun start. Prizes will be awarded at the end of play.

**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 that are being registered on this form. If they are 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 (\$25 + tax) will be handled at the pro shop on the day of the tournament. Quantities are limited.

### Sponsored By:



### TOURNAMENT FEES - \$100 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](http://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 May 6, 2009.

In the case of inclement weather, Associa Cares reserves the right to reschedule the tournament to another date.

### 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](mailto:johnb@houcomm.com)**