2nd ANNUAL FRANKLIN COUNTY VETERAN AFFAIRS GOLF TOURNAMENT

FRIDAY, June 9, 2017 at Whitetail Golf Resort



ALL PROCEEDS GO DIRECTLY TO THE FRANKLIN COUNTY VETERANS OUTREACH FUND



7:30 am Registration • 9:00 am Shotgun Start • 12:00 pm Lunch GOLF TOURNAMENT REGISTRATION FORM

ENTRY FEE INCLUDES:

Light Breakfast • Golf Fees • Green Fees • Cart Fees • Appreciation Gift • Lunch • One Door Prize Ticket • Refreshments on the Course

Second Registrant Name:	First Registrant (Team Leader)				
Address Zip	Name:	Ti	tle:		
Second Registrant Name: Title: Company: Address: City: State Zip Phone Fax Email: *Photo Release Signature: Third Registrant Name: Title: Company: Address: City: State Zip Phone Fax Email: *Photo Release Signature: Third Registrant Name: Title: Company: Address: City: State Zip Phone Fax Email: *Photo Release Signature: Fourth Registrant Name: Title: Company: Address: City: State Zip Phone Fax Email: *Photo Release Signature: Fourth Registrant Name: Title: Company: Address: City: State Zip Phone Fax Email: *Photo Release Signature: Registration Fee (Please make checks payable to Franklin County Veterans Affairs-Attn: Outreach Fund) Golf Tournament \$ 90	Company:	Addres	ss:		
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Name:	Email:	* Photo Release	Signature:		
Company:	Second Registrant				
Company:	Name:	Tit!	le:		
City: State Zip Phone Fax * Photo Release Signature: Third Registrant Name: Title: Company: Address: City: State Zip Phone Fax * Photo Release Signature: Fourth Registrant Name: Title: Company: Address: City: State Zip Phone Fax * Photo Release Signature: Fourth Registrant Name: Title: Company: Address: City: State Zip Phone Fax Email: * Photo Release Signature: * Photo Release Signature: Registration Fee (Please make checks payable to Franklin County Veterans Affairs-Attn: Outreach Fund) Golf Tournament \$ 90	Company:	Addre	SS:		
# Photo Release Signature: Third Registrant	City: State	Zip	Phone	Fax	
Third Registrant Name:		* Photo Release	Signature:		
* Photo Release Signature: Photo Release Sig					
* Photo Release Signature: Photo Release Sig		Titl	le·		
* Photo Release Signature: Photo Release Sig	Company:	Ado	dress:		
* Photo Release Signature:	City: State	Zip	Phone	Fax	
Fourth Registrant Name:	Email:	* Photo Release	Signature:		
Name: Title:					
City: State Zip Phone Fax * Photo Release Signature: Registration Fee (Please make checks payable to Franklin County Veterans Affairs-Attn: Outreach Fund) Golf Tournament \$ 90 x (# of attendees) = \$ Foursome \$360 x (# of foursomes) = \$	Name:	Titl	le:		
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Golf Tournament \$ 90 x	Email:	* Photo Release	Signature:	,	
Foursome $\$360$ $x _ (\# of foursomes) = \$_ $	Registration Fee (Please make checks pay	able to Frankl	in County Veteran	s Affairs-Attn: Outreac	h Fund)
Foursome $\$360$ $x _ (\# of foursomes) = \$_ $	Golf Tournament \$ 90	X	(# of attendees) = \$	
	Foursome \$360	x (# of foursomes) = \$			
Sponsorship (Please attach sponsorship form) x (# of Sponsorships) = \$	Sponsorship (Please attach sponsorship form)				
Payment Information: Check# (Preferred Method) Cash			Cash	•	

Registration/Sponsorship Policy

Registration/Sponsorship is first-come, first-served as determined by email date/time, fax time stamp or mail postmark.

Cancellation/Refund Policy

Cancellations received in <u>writing</u> by noon on May 26, 2017 by mail/fax will receive 50% refund. For cancellations after noon on May 26, 2017, no refunds will be issued.

*Photo Release

I grant to Franklin County Veterans Affairs, its representatives and employees, the right to take photographs of me and my property in connection with the 1st Annual Franklin County Veterans Affairs Golf Tournament. I authorize Franklin County Veterans Affairs, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Franklin County Veterans Affairs may use such photographs of me without further permission required, with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.