

THE JIM WEBER, SR. MEMORIAL GOLF TOURNAMENT

Sign up now for the Jim Weber, Sr. Memorial Golf Tournament held annually at CLEAN GULF. This year's tournament will be played at The Wildcat Golf Club. For more course information, please visit <https://www.wildcatgolfclub.com/>.

Net proceeds will be donated to the American Cancer Society in memory of Jim Weber, Sr.



Date: Tuesday, December 5, 2017
Time: Registration at 8:00 AM (Practice Range- 8:00 AM – 8:45 AM). Shotgun start at 9:00 AM
Place: **Wildcat Golf Club**
 1200 Almeda Road
 Houston, TX 77045
 (713) 413-3400
Entry Fee: \$150.00 per person/\$450.00 per foursome (Fee Includes: Course Fee, Range Balls, Cart, Drink Tickets, Breakfast, Lunch Reception and PRIZES including HOLE IN ONE)
Format: Four man scramble; if you do not enter a team list, you will be placed with others.
Policies: Full refunds, less a \$75 processing fee, will be provided for written cancellation requests received before October 6, 2017. No refunds, regardless of circumstance, will be provided after October 6, 2017. Tournament registrations are transferrable.
Club Rental: A limited amount of rental clubs are available at the club. Please contact the club directly to set up rentals.

Don't miss out- Reserve your space TODAY! Tournament is limited to 144 players. Both foursomes and individuals are welcome.

Please fill in section below if you are the CONTACT for your Foursome or IF you are Player #1 solo

Company: _____ Name: _____ Playing**See Below Not Playing
 (CONTACT or Player 1 Solo)

Address, City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

FOURSOME OR INDIVIDUAL PLAYERS:

Player #1	Company	(Phone)
Player #2	Company	(Phone)
Player #3	Company	(Phone)
Player #4	Company	(Phone)

PAYMENT INFORMATION:

Payment Enclosed Charge my: VISA Mastercard AMEX DISCOVER

Card No: _____ Name on Card: _____

Card Expiration Date: _____ Total Payment: _____

Card Billing Address: _____

Signature of Card Holder: _____

Pre-paid on previously sent Clean Gulf Registration Form for _____
 (Name and Company as on Registration Form)

Fee Paid by Sponsorship from _____
 (PLEASE indicate company AND contact)

For questions, please contact Dana Ronan at 301-354-1665 or dronan@accessintel.com.