



**Mobile Section, AlabamaAGC
“Jack Terry Memorial” Spring Golf Tournament
Thursday, April 29, 1010**

Sponsorship Pledge:

I would like to Participate as a:

_____ Corporate Sponsor - \$200.00

_____ Food Sponsor - Please indicate what type of food
you would like to provide or sponsor:

- | | |
|-----------------------|----------------------------|
| Breakfast Sponsor | Blue Rents |
| Bloody Mary Sponsor – | Kenworth Trucks of Alabama |
| Food on #12 | Hertz Rental |
| Beverages on #12 | Sherwin Williams |
| Food on #1 | Safety Plus |
| Food on #9 | United Rentals |
| Food on #4 | _____ |
| Water Sponsor | Volvo Rents |
| Water Sponsor | _____ |

_____ Awards Banquet Beverage Sponsor - \$500.00

_____ Putting Contest Sponsor – Thames, Batre, Mattei, Beville, Ison

_____ Huggers, Ditty Bags, etc.

_____ Helper - This tournament requires a large number of people to help through-out the day of the event. If you would like to help us, please let us know.

As a sponsor, I would like to reserve a team in the Tournament:_____

Prepayment is appreciated. _____ Check Enclosed
Hand Delivery is Suggested.

Signed _____ Date _____

Company _____

Phone: _____ Email Address _____

Please fax: 251-342-5575 or Email: mobagc@bellsouth.net



Mobile Section, AlabamaAGC
"Jack Terry Memorial" Golf Tournament
Thursday, 29, 2010

Shotgun Start: 9:00 A.M.

Social - 3:00 P.M. on the Patio Awards Dinner – 3:30 P.M. Poolside
Heron Lakes Country Club Golf Course

Golf Registration Form:

Golf Reservations include golf cart, greens fee, range balls, lunch, dinner and beverages. This tournament will be played using a Scramble Format.

Please make _____ Reservations @ **\$150.00** per golfer

Name: _____ **Handicap** _____ **or Avg. Score 18 holes** _____
Company _____ Phone: _____
Address: _____ City _____ State _____ Zip _____
E-Mail _____

Name: _____ **Handicap** _____ **or Avg. Score 18 holes** _____
Company _____ Phone: _____
Address: _____ City _____ State _____ Zip _____
E-Mail _____

Name: _____ **Handicap** _____ **or Avg. Score 18 holes** _____
Company _____ Phone: _____
Address: _____ City _____ State _____ Zip _____
E-Mail _____

Name: _____ **Handicap** _____ **or Avg. Score 18 holes** _____
Company _____ Phone: _____
Address: _____ City _____ State _____ Zip _____
E-Mail _____

Amount Due for Golf Reservations @ **\$150.00** per person: \$ _____

Amount Due for Corporate Sponsorship \$ _____

Amount Due for Other Contributions: \$ _____

Total Amount Due: \$ _____

Other Donations: ie: Huggers, Ditty Bags, etc. _____

E-mail Address and Phone for Person Responsible for Team:

Email: _____ **Phone:** _____

Please make your check payable and mail to:

AGC Golf Tournament Committee
754 Downtowner Loop West
Mobile, AL 36609

(251)344-8220

Fax: (251) 342-5575

Email: mobagc@bellsouth.net

**Due to the anticipated waiting list involved with this tournament,
ALL TEAM CANCELLATIONS ARE REQUIRED BY Friday, April 23rd
Pre-Payment for this tournament is required!**