

Little Rock, Arkansas  
1<sup>st</sup> Annual Amputee Scramble Golf Tournament  
Registration Form  
Rebsamen Park Golf Course  
May 8, 2009

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Modifications-adaptive equipment required? \_\_\_\_\_ yes \_\_\_\_\_ no

*\*Every effort will be made to accommodate equipment needs; although, equipment cannot be guaranteed*

Are you a veteran? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you an amputee? \_\_\_\_\_ yes \_\_\_\_\_ no

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### Tournament Fees

#### Player Registration Fees

Amputee Golfer(s) \$40 per person x \_\_\_\_\_ players \$ \_\_\_\_\_

Guest Golfer(s) \$70 per person x \_\_\_\_\_ players \_\_\_\_\_

#### Corporate Sponsor Fees

\_\_\_\_\_ Platinum Sponsor \$1500 \_\_\_\_\_

\_\_\_\_\_ Gold Sponsor \$1000 \_\_\_\_\_

\_\_\_\_\_ Silver Sponsor \$500 \_\_\_\_\_

#### Dinner Banquet

Dinner is included for player in registration fee

Dinner guests \$15 per guest x \_\_\_\_\_ guest(s) \_\_\_\_\_

Total amount enclosed \$ \_\_\_\_\_

*\*Foursomes will be made from individual participants*

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Mail completed form and check to:

SWAGA

502 Quail Creek Drive

Round Rock, TX 78664

**Entry Application Deadline: May 1, 2009**

On-site applications will be accepted