

2017 API GOLF TOURNAMENT

OCTOBER 9TH



Cypresswood Golf Club

ONE ROUND – Tee Time at 10 a.m.

Player 1: _____ Phone: _____
 Company: _____ E-Mail: _____

- My '17-'18 API Membership Dues have been paid. Membership Dues enclosed (\$25.00)
 API 2017 Golf Shirt (\$50.00) **Size** _____

Player 2: _____ Phone: _____
 Company: _____ E-Mail: _____

- My '17-'18 API Membership Dues have been paid. Membership Dues enclosed (\$25.00)
 API 2017 Golf Shirt (\$50.00) **Size** _____

Player 3: _____ Phone: _____
 Company: _____ E-Mail: _____

- My '17-'18 API Membership Dues have been paid. Membership Dues enclosed (\$25.00)
 API 2017 Golf Shirt (\$50.00) **Size** _____

Player 4: _____ Phone: _____
 Company: _____ E-Mail: _____

- My '17-'18 API Membership Dues have been paid. Membership Dues enclosed (\$25.00)
 API 2017 Golf Shirt (\$50.00) **Size** _____

Each participant must be an API member. DEADLINE FOR ALL ENTRIES IS SEPTEMBER 25th.

<u>QTY</u>	<u>ITEM</u>	<u>UNIT COST</u>	<u>TOTAL</u>
_____	API MEMBERSHIP	\$25.00/Person	\$ _____
_____	GOLF ENTRY (Team)	\$700.00/Team	\$ _____
_____	GOLF ENTRY (Team + 10 Grand Prize Raffle Tickets)	\$800.00/Team	\$ _____
_____	GOLF ENTRY (Team + 10 Grand Prize Raffle Tickets & 10 Airline Raffle Tickets)	\$850.00/Team	\$ _____
_____	API 2017 GOLF SHIRT (Deadline September 21 st)	\$50.00/Shirt (no orders after 9/21)	\$ _____
_____	PLATINUM SPONSORSHIP	\$2,000.00 (2 teams + choice of course)	\$ _____
_____	GOLD SPONSORSHIP	\$1,000.00 (team + choice of course)	\$ _____
_____	PAR 5 DRIVE	\$40/team	\$ _____
_____	MULLIGANS	\$40/team	\$ _____
_____	DOOR PRIZE SPONSOR	\$150 minimum	\$ _____
_____	PAR THREE SPONSOR	\$150 minimum	\$ _____
	TOTAL DUE		\$ _____

Make checks payable to:
Mail entry form to:
 Houston Chapter-API
 P.O. Box 219276
 Houston, Texas 77218

Platinum/Gold Sponsors Only: Circle Course
Tradition or Cypress

Cancellation Deadline: September 25, 2017

**Fax Credit Card Entries to: 281-310-5087
 OR scan and e-mail: api@apihouston.org**

Please charge my credit card # _____ AMEX VISA MC

 (**Print** name as it appears on credit card) Exp. Date _____ Cardholder's Signature _____