

**Golf Only Registration**  
**Summit Golf Tournament**  
**Tuesday, October 22, 2024**



**Isleta Golf Club**  
 4001 State Road 47 SE  
 Albuquerque, NM 87105

**Check In Time:** 10:30 AM  
**Lunch Starts:** 11:00 AM  
**Start Time:** 12:00 PM w/ Shotgun Start

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

GOLFER NAME:	Golf (\$95/person)	Golf Sponsorship (\$100/hole)
_____	<input type="checkbox"/>	_____ X \$100
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
<b>TOTALS:</b>	_____	<b>Company name to appear on signage:</b> _____

Total Golfers    X \$95 = \_\_\_\_\_  
 Total Sponsorships    X \$100 = \_\_\_\_\_  
**TOTAL DUE**    \_\_\_\_\_

Payment Information: <input type="checkbox"/> Charge credit card below <input type="checkbox"/> Send me an invoice	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card#	
Sec #	Exp. Date:
Name on Card:	
Cards Billing Address:	
Amount Charged:	Signature:

**Make Checks Payable To:**  
 ACTS  
 PO Box 644  
 Conway, AR 72033

Canceling before 9/22/2024 will receive a refund, less a non-refundable \$100 deposit. No refunds will be issued after this date.

Charge will show ACTS NOW on statement.