



NWAHBA GOLF CLASSIC

FRIDAY, SEPTEMBER 11TH AT
BELLA VISTA COUNTRY CLUB GOLF COURSE
98 CLUBHOUSE DR • BELLA VISTA

TEAM NAMES ARE REQUIRED BY SEPTEMBER 1, 2020

SCHEDULE:

7:15 AM
MORNING REGISTRATION

8:00 AM
MORNING SHOTGUN START

11:30 AM / 1:00 PM
LUNCH TIME FOR ALL TEAMS

12:15 PM
AFTERNOON REGISTRATION

1:00 PM
AFTERNOON SHOTGUN START

WHEN & WHERE

SEPTEMBER 11, 2020

BELLA VISTA COUNTRY CLUB
98 CLUBHOUSE DR, BELLA VISTA

QUESTIONS

NWAHBA
479-751-6688
ASSIST@NWABUILDERS.COM

COMPANY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EMAIL: _____

DETAILS

**4 MAN SCRAMBLE • SHOTGUN START •
2 PUTT RULE ON GREEN • CASH PRIZES! • \$525 PER
TEAM • HOLE IN ONE PRIZES • PATRIOT PACKAGE
(ADDITIONAL COST) • MULLIGANS (ADDITIONAL
COST) • CLOSEST TO THE PIN CONTEST • AIR
CANNON • LONGEST DRIVE CONTEST •
PUTTING CONTEST**

TEAM ONE (AM OR PM)

TEAM TWO (AM OR PM)

PLEASE INDICATE IF YOU ARE REGISTERING FOR AN AM OR PM TEAM ABOVE

	MILITARY?		MILITARY?
#1 _____	<input type="checkbox"/> YES	#1 _____	<input type="checkbox"/> YES
#2 _____	<input type="checkbox"/> YES	#2 _____	<input type="checkbox"/> YES
#3 _____	<input type="checkbox"/> YES	#3 _____	<input type="checkbox"/> YES
#4 _____	<input type="checkbox"/> YES	#4 _____	<input type="checkbox"/> YES

PLEASE INCLUDE PLAYER NAMES ABOVE AND CHECK SPELLING FOR SCORING
PLEASE INDICATE IF PLAYER IS A VETERAN OR CURRENTLY ENLISTED

COLLARED SHIRTS, NO DENIM, NO CUTOFFS, SOFT SPIKES, RAIN OR SHINE, NO REFUNDS
RED, WHITE & BLUE ATTIRE ENCOURAGED

FEES

PARTICIPANTS / SPONSORSHIPS	QUANTITY AVAILABLE	PRICE EACH	TOTAL QUANTITY / PRICE
Team (s) 24 A.M. / 24 P.M.	48 Total	\$525	_____AM _____PM
Multiple Teams of 5 or more		\$375	_____AM _____PM
Mulligan Package (per team)	48	\$40	
Patriot Package (per team) [includes: 1 birdie hole, 1 air cannon shot, 1 kick the ball per person]	48	\$40	
Event Sponsor	2 (1 remaining)	\$1500	
Drink Cart Sponsor	2 (SOLD)	\$750	
Lunch Sponsor	2 (1 remaining)	\$750	
Watering Hole Sponsor	LIMITED	\$600	
Skill Competition Sponsor	10	\$225	
Hole Sponsor	LIMITED	\$250	
TOTAL		\$	

PAYMENT

TOTAL PAYMENT AMOUNT \$ _____ PAYMENT TYPE: Cash Check Credit Card

CARD # _____ EXP DATE _____ CVV: _____

BILLING ADDRESS: _____

NAME ON CARD _____

SIGNATURE _____ DATE _____

MAIL OR EMAIL REGISTRATION:

NWAHBA
PO BOX 6187, SPRINGDALE AR 72766 OR
EMAIL ASSIST@NWABUILDERS.COM
FAX: 479-751-6116

EVENT SPONSORS

