

———— TREC INTERNATIONAL-STAN SHERLIN ————  
**MEMORIAL GOLF TOURNAMENT**

**COMPANY/TEAM NAME:** \_\_\_\_\_

1. NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

H/C \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

2. NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

H/C \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

3. NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

H/C \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

4. NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

H/C \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**PAYMENT**

\_\_\_\_\_ GOLF FEES AT \$600/TEAM OR \$150 EACH \$ \_\_\_\_\_

\_\_\_\_\_ RAFFLE TICKETS AT \$10 EACH \$ \_\_\_\_\_

\_\_\_\_\_ DONATION TO MEDICAL CLINIC\* \$ \_\_\_\_\_

\*THIS GIFT IS TAX DEDUCTIBLE

**TOTAL:** \$ \_\_\_\_\_

PLEASE BILL MY MC/VISA

ENCLOSED IS A CHECK MADE PAYABLE TO  
**TREC INTERNATIONAL - P.O. BOX 242205, MONTGOMERY, AL 36124**

CREDIT CARD NUMBER: \_\_\_\_\_ ZIP: \_\_\_\_\_ CCV: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

\*\*TOURNAMENT FUNDS ARE NON-REFUNDABLE. IF PLAY MUST BE CANCELED DUE TO INCLEMENT WEATHER, A VOUCHER FOR LUNCH AND ONE ROUND OF GOLF AT WYNLAKES WILL BE PROVIDED.