

# Tom Zierenberg Memorial Golf Tournament

## JOIN US!

Tuesday, October 3, 2017  
12:15 — 5:30 pm  
Heron Lakes Golf Club

### REGISTRATION INFORMATION

CONTACT NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### PLAYERS:

NAME: \_\_\_\_\_ HANDICAP: \_\_\_\_\_ NAME: \_\_\_\_\_ HANDICAP: \_\_\_\_\_

NAME: \_\_\_\_\_ HANDICAP: \_\_\_\_\_ NAME: \_\_\_\_\_ HANDICAP: \_\_\_\_\_

### PAYMENT INFORMATION

Players: # \_\_\_\_\_ x \$140 = \_\_\_\_\_

Club Rental: # \_\_\_\_\_ x \$ 30 = \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

\_\_\_\_ AMEX    \_\_\_\_ VISA    \_\_\_\_ MasterCard

\_\_\_\_ A check has been mailed.

Check # \_\_\_\_\_

\_\_\_\_ Please charge my credit card.

Please provide credit card info.

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

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