



## South Central Wall, Ceiling & Plaster Association

# Golf Tournament

**Saturday, October 22, 2011 - 8:00 a.m.**

### Registration Fees Include:

*Accommodations for Friday Night, Friday Dinner, Saturday Golf and Saturday Lunch Buffet - Range Balls and Prizes*

### Accommodations (on first come-first serve basis)

*If staying double occupancy, please list both guests on this form. No charge for non-golfing spouses in single occupancy room.*

**Double Occupancy Room - \$475.00/person X \_\_\_\_\_ # of Players = \$ \_\_\_\_\_**

**Single Occupancy Room - \$525.00/person X \_\_\_\_\_ # of Players = \$ \_\_\_\_\_**

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

**There are limited number of rooms** and will be filled on a first come-first serve basis upon receipt of registration form with check. To help accommodate everyone, you may wish to share a room with someone.

#### Guest 1

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

#### Guest 2

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

#### Golfer #1

Name \_\_\_\_\_

Handicap \_\_\_\_\_

Company Name & Phone Number \_\_\_\_\_

#### Golfer #2

Name \_\_\_\_\_

Handicap \_\_\_\_\_

Company Name & Phone Number \_\_\_\_\_

#### Golfer #3

Name \_\_\_\_\_

Handicap \_\_\_\_\_

Company Name & Phone Number \_\_\_\_\_

#### Golfer #4

Name \_\_\_\_\_

Handicap \_\_\_\_\_

Company Name & Phone Number \_\_\_\_\_

### FOR ADDITIONAL INFORMATION, CALL US AT:

**GOLF INFORMATION:** Carter Lyon, Specified Products, Chairman, (214) 801-3170

**GENERAL INFORMATION:** (817) 461-0676 or (866) 96-TLPCA

**PLEASE RETURN THIS FORM WITH CHECK OR CREDIT CARD AUTHORIZATION TO:**

<input type="radio"/> VISA <input type="radio"/> Master Card <input type="radio"/> American Express Card # _____ Expiration _____ Date _____ Signature _____
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SCWCPA  
 320 Westway Place, Suite 501  
 Arlington, TX 76018  
 Fax: 817-461-0686

**Return this form by October 7, 2011**