



BILL WILLIAMSON
MEMORIAL GOLF TOURNAMENT

Please detach and mail to:
Provision CARES Foundation
6450 Provision Cares Way
Knoxville, TN 37909

Or scan and email to:
Les.Fout@provisioncares.org

Cost: \$150 per player

Tee Time Preference: 8:00 am 1:30 pm

Player(s) Information (if registering as an entire team, include information for all players on your team)

Team Name: _____

Team Contact Name: _____

Email: _____

Phone: _____

Player 1 Name: _____

Shirt Size: _____

Player 2 Name: _____

Shirt Size: _____

Player 3 Name: _____

Shirt Size: _____

Player 4 Name: _____

Shirt Size: _____

Sponsorship Levels:

Individual (\$150)

Birdie (\$1,000)

Hole (\$250)

Eagle (\$2,500)

Par (\$500)

Albatross (\$5,000)

Team (\$600)

Hole In One (\$10,000)

Amount Enclosed: \$ _____

Please make checks payable to Provision CARES Foundation