



BILL WILLIAMSON

MEMORIAL GOLF TOURNAMENT

Please complete and mail to:
Provision CARES Foundation
1400 Dowell Springs Boulevard, Suite 350
Knoxville, TN 37909

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

Cost: \$175 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 Names: _____ Shirt Size: _____

P1: _____ XS S M L XL XXL

P2: _____ XS S M L XL XXL

P3: _____ XS S M L XL XXL

P4: _____ XS S M L XL XXL

Sponsorship Levels:

- | | |
|--|---|
| <input type="checkbox"/> Individual (\$175) | <input type="checkbox"/> Birdie (\$1,000) |
| <input type="checkbox"/> Hole (\$250) | <input type="checkbox"/> Eagle (\$2,500) |
| <input type="checkbox"/> Par (\$500) | <input type="checkbox"/> Albatross (\$5,000) |
| <input type="checkbox"/> Team (\$700) | <input type="checkbox"/> Hole In One (\$10,000) |

Amount Enclosed: \$ _____

Please make checks payable to Provision CARES Foundation