



# BILL WILLIAMSON

## MEMORIAL GOLF TOURNAMENT

Please complete and mail to:  
**Provision CARES Foundation**  
**2095 Lakeside Centre Way, Suite 101**  
**Knoxville, TN 37922**

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:

**Individual** (\$175)

Birdie (\$1,000)

Hole (\$250)

Eagle (\$2,500)

Par (\$500)

Albatross (\$5,000)

**Team** (\$700)

Hole In One (\$10,000)

Amount Enclosed: \$ \_\_\_\_\_

Please make checks payable to Provision CARES Foundation