



International Agri-Center Golf Tournament

Friday, September 24, 2010

Registration: 7:30 a.m.
Shotgun: 8:30 a.m.

Register by
Sept. 17

4 Players Per Team – Individuals Welcomed

Name: _____ Team Name/Company: _____
Title: _____ Handicap: _____
Address: _____ State: _____ Zip: _____
City: _____ Phone: _____ Email: _____

Name: _____ Team Name/Company: _____
Title: _____ Handicap: _____
Address: _____ State: _____ Zip: _____
City: _____ Phone: _____ Email: _____

Name: _____ Team Name/Company: _____
Title: _____ Handicap: _____
Address: _____ State: _____ Zip: _____
City: _____ Phone: _____ Email: _____

Name: _____ Team Name/Company: _____
Title: _____ Handicap: _____
Address: _____ State: _____ Zip: _____
City: _____ Phone: _____ Email: _____

PAYMENT OPTIONS: Check ___ Credit Card ___ Golfers x \$125 each/ Team x \$500 \$ _____

1. Send this form with check made payable to:

International Agri-Center
P.O. Box 1475, Tulare, CA 93275

2. Please charge my credit card this amount: _____

Name on card: _____
MC ___ Visa ___ AE ___ Disc ___
Number _____
Exp. Date: _____

*For more information visit
www.heritagecomplex.com
or contact Kerissa Chapman
at 559-688-1030;
kerissa@farmshow.org*

Proceeds go to *AgVentures!* Learning Center