

The MACK CHASE

Memorial Tournament



HALLIBURTON

AXIP



Jenley Services
San Angelo, TX



SATURDAY - MONDAY MAY 25-27, 2024

2 MAN BEST BALL

ENTRY TO THE MEMORIAL IS BY INVITATION ONLY. PRIORITY HAS BEEN GIVEN TO PREVIOUS SPONSORS

HOLE IN ONE - \$12,000

THIS SPONSORSHIP ENTITLES YOU TO FOUR (4) TEAM ENTRIES, FOUR (4) ADDITIONAL WRIST BANDS FOR TOURNAMENT EVENTS AND YOUR SIGN WILL BE PLACED ON A SPECIFIC HOLE OF YOUR OWN AND IN THE EVENT ROOM/DINING HALL.

EAGLE - \$8,000

THIS SPONSORSHIP ENTITLES YOU TO TWO (2) TEAM ENTRIES, TWO (2) ADDITIONAL WRIST BANDS FOR TOURNAMENT EVENTS AND YOUR SIGN WILL BE PLACED PROMINENTLY ON THE COURSE.

BIRDIE - \$6,000

THIS SPONSORSHIP ENTITLES YOU TO ONE (1) TEAM ENTRY AND YOUR SIGN WILL BE PLACED PROMINENTLY ON THE COURSE.

PAR - \$2,000

YOUR SIGN WILL BE PLACED PROMINENTLY ON THE COURSE.

MAKE CHECKS PAYABLE AND MAIL TO:

EDDY COUNTY KIDS CORP

PO BOX 2476

CARLSBAD, NM 88221

PLEASEE CALL ACC FOR CREDIT CARD DONATIONS:

575-746-2055

PLEASE EMAIL ALL ENTRY FORMS TO:

ACCPROSHOP@PVTN.NET



PLAYER 1

PLAYER 2

NAME: _____

NAME: _____

COMPANY: _____

COMPANY: _____

EMAIL: _____

EMAIL: _____

PHONE NUMBER: _____ HANDICAP: _____

PHONE NUMBER: _____ HANDICAP: _____

SHOE SIZE: _____ SHIRT SIZE: _____

SHOE SIZE: _____ SHIRT SIZE: _____

MENS: ___ WOMENS:___(CHECK GENDER)

MENS: ___ WOMENS:___(CHECK GENDER)

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PLAYER 3

NAME: _____
 COMPANY: _____
 EMAIL: _____
 PHONE NUMBER: _____ HANDICAP: _____
 SHOE SIZE: _____ SHIRT SIZE: _____
 MENS: ___ WOMENS: ___ (CHECK GENDER)

PLAYER 4

NAME: _____
 COMPANY: _____
 EMAIL: _____
 PHONE NUMBER: _____ HANDICAP: _____
 SHOE SIZE: _____ SHIRT SIZE: _____
 MENS: ___ WOMENS: ___ (CHECK GENDER)

PLAYER 5

NAME: _____
 COMPANY: _____
 EMAIL: _____
 PHONE NUMBER: _____ HANDICAP: _____
 SHOE SIZE: _____ SHIRT SIZE: _____
 MENS: ___ WOMENS: ___ (CHECK GENDER)

PLAYER 6

NAME: _____
 COMPANY: _____
 EMAIL: _____
 PHONE NUMBER: _____ HANDICAP: _____
 SHOE SIZE: _____ SHIRT SIZE: _____
 MENS: ___ WOMENS: ___ (CHECK GENDER)

PLAYER 7

NAME: _____
 COMPANY: _____
 EMAIL: _____
 PHONE NUMBER: _____ HANDICAP: _____
 SHOE SIZE: _____ SHIRT SIZE: _____
 MENS: ___ WOMENS: ___ (CHECK GENDER)

PLAYER 8

NAME: _____
 COMPANY: _____
 EMAIL: _____
 PHONE NUMBER: _____ HANDICAP: _____
 SHOE SIZE: _____ SHIRT SIZE: _____
 MENS: ___ WOMENS: ___ (CHECK GENDER)

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