



GOLF TOURNAMENT

University of Central Florida Student Chapter of Associated Builders and Contractors
Come meet and support future UCF civil engineering graduates who are specializing in construction.
Your participation in this event will help to send your ABC/UCF Student Chapter to the 2012 National ABC Construction Management Competition.

Date: Friday, February 3, 2012

Times: 7:30 a.m. Registration and Free Range Balls, 8:30 a.m. Shotgun Start
1:00 p.m. Lunch, Awards and Door Prizes!!

Location: Errol Estate County Club

1355 Errol Parkway, Apopka, FL 32712 ♦ 407-886-5000

Format: Exciting Four Person Scramble

Cost: Only \$125 per person, your all inclusive fee comes with cart, green fees, range balls, lunch, skill contests and door prizes.

Information: Debbie at 407-628-2070
or Dcrosby@abccentralflorida.org

Yes, we want to support Orlando's Future Construction Leaders by attending the UCF-ABC Annual Golf Tournament.

SIGN UP YOUR FOURSOME!

Company: _____
Contact: _____
Phone: _____
Email (for confirmation): _____
Golfers: # _____ at \$125 per player – names:
1. _____ 2. _____
3. _____ 4. _____

BE A SPONSOR!

- ____ Hole Sponsor—\$125 (sign with company name posted at one tee)
- ____ Double Hole Sponsor—\$175 (sign with company name posted on each nine)
- ____ Door Prize Sponsor—\$50 (or) Donation of _____ (company recognized during awards)
- ____ Beverage Sponsor—\$500 (company name on beverage carts and/or station) LIMIT TO 4
- ____ Lunch Sponsor—\$500 (signage, participate during awards luncheon) LIMIT TO 2
- ____ Cart Sponsor—\$250 (company name on all carts) LIMIT TO 2
- ____ Special Event Sponsor—\$250 (includes table and chairs on course, lunch for 2)
- ____ Student Player Sponsor—\$125 (sponsor a student or two to play in your foursome!)

Payment Options: Please select one.

Check enclosed Sending check (check must be received by CF ABC prior to event or billing fee of \$10 will be charged.)
 Bill me (\$10 charge – CF ABC members only) Credit Card: Visa MC AMEX P.O. # _____
Person's Name on Card: _____
Card # _____ Exp. Date: _____
Card Code: _____ (AMEX: 4 digits on front of card or VISA/MC: 3 digits on back of card on signature line)
Statement address _____ Statement Zip Code _____
Signature: _____

Reservations are guaranteed. Faxed reservations will be accepted if check is mailed or credit card payment received.
Payment must be received by 1/28/12. Cancellations will be accepted 5 business days prior to the event, after this send a substitute. You will receive a cancellation number when you cancel.

PLEASE MAKE ALL CHECKS PAYABLE TO: ABC-UCF

RETURN FORM TO: Associated Builders and Contractors, Inc., 651 Danville Drive, Suite 200, Orlando, FL 32825

OR FAX FORM TO: 407.629.0144

