

UTC Habitat Swings for Dreams

Event: UTC Habitat for Humanity Presents Swings for Dreams. A four-person scramble

Date: Saturday, April 10, 2010

Place: Eagle Bluff Golf Club – Chattanooga’s Mountain Course

Time: 7:00 am – registration opens
8:00 am – tournament starts (four-person scramble; shotgun start)
12:00 pm – lunch will be served at the club house

Entry Fee: \$100 per player (includes greens fees, golf cart, t-shirt, and lunch)

Prizes: Raffle! Long Drive! Closest to the Pin! Hole in One! 1st, 2nd, and 3rd Placement Prizes!

Details: **Entry fee must be received to be considered fully-registered – checks only!**

If you register as a single player, you will be assigned to a team!

Mail registration form and entry fee by **Friday, March 26 2010** to:

UTC Habitat for Humanity
Dept 1101
615 McCallie Avenue
Chattanooga, TN 37403

Please make checks payable to UTC Habitat for Humanity.

Questions: Write HFHSwingsforDreams@gmail.com

Registration Form

Team Captain – Player 1 Registration

_____ Mr. _____ Mrs. _____ Ms. _____ Dr. _____ Date _____

_____ Last Name First Name Middle/Maiden

_____ Address

_____ City State Zip

_____ Phone Email

_____ Company Name Title/Department

T-Shirt Size: _____ Handicap: _____

You do not need a full team of four people to play. We will gladly add you and any additional players to a team.

Player 2 Registration

_____ Mr. _____ Mrs. _____ Ms. _____ Dr. _____ Date _____

_____ Last Name _____ First Name _____ Middle/Maiden _____

_____ Address _____

_____ City _____ State _____ Zip _____

_____ Phone _____ Email _____

_____ Company Name _____ Title/Department _____

T-Shirt Size: _____ Handicap: _____

This form is available online at www.habichatt.org. You may submit the form via email to HFHSwingsforDreams@gmail.com or fax (423-425-2128) but **registration will not be complete until entry fee is received.**

Player 3 Registration

_____ Mr. _____ Mrs. _____ Ms. _____ Dr. _____ Date _____

_____ Last Name _____ First Name _____ Middle/Maiden _____

_____ Address _____

_____ City _____ State _____ Zip _____

_____ Phone _____ Email _____

_____ Company Name _____ Title/Department _____

T-Shirt Size: _____ Handicap: _____

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Player 4 Registration

_____ Mr. _____ Mrs. _____ Ms. _____ Dr. _____ Date _____

_____ **Last Name** _____ **First Name** _____ **Middle/Maiden**

_____ **Address**

_____ **City** _____ **State** _____ **Zip**

_____ **Phone** _____ **Email**

_____ **Company Name** _____ **Title/Department**

T-Shirt Size: _____ **Handicap:** _____

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For more information call 423-425-4130, email HFHSwingsforDreams@gmail.com or check the web at www.habichatt.org!

Remember you do not need a full four-person team to play. We will make a four-person team for you.

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