



The Jesse Points Memorial Golf Classic

18th Annual North Texas ICRI

Friday, October 4th, 2019

“Waterchase Golf Club”



Where: Waterchase Golf Club
8951 Creek Run Road
Fort Worth, Texas 76120
817-861-4653

When: **Friday, October 4th, 2019**
Check-In/Range Open @ 10:30 AM
Box Lunch @ 11:30 PM
Shotgun Start @ 1:00 PM

Format: **Four Person Scramble**
Proper Golf Attire Required
Waterchase is a Soft Spike Facility

Cost: \$125.00 Per Player

Sponsorships:

Gold Sponsor (4 players)	\$550.00
Silver Sponsor (2 players)	\$325.00
Bronze Sponsor (1 player)	\$200.00
Beverage Sponsor	\$250.00
Lunch Sponsor	\$250.00
Hole Sponsor with Table	\$250.00
Hole Sponsor (sign only)	\$150.00

Sponsor Deadline:

Friday, September 27th, 2019

Player Registration Deadline:

Monday, September 30, 2019

You are encouraged to register in groups of four to determine your own playing partners. Tournament director will form teams from entries of less than four players. Waterchase Golf Club is a soft spike facility. Collared shirts are required.



Longest Drive: 2 Holes

Closest to the Pin: 4 Holes

Cash: 1st-2nd-3rd Place Teams

Dead Ass Last Award

Door Prizes!

FREE Putting Contest

Putting Green @ 12:15pm

PRIZES!!

NTX ICRI PLAYER/SPONSOR REGISTRATION FORM

Players name:	Phone No.:	E-Mail:
Players name:	Phone No.	E-Mail:
Players name:	Phone No.	E-Mail:
Players name:	Phone No.	E-Mail:

Gold Sponsor (4 Players): \$550.00 Qty:_____

Company Name: _____

Silver Sponsor (2 Players): \$325.00 Qty:_____

Company Name: _____

Bronze Sponsor (1 Player): \$200.00 Qty:_____

Company Name: _____

Lunch Sponsor: \$250.00 Qty:_____

Beverage Sponsor: \$250.00 Qty:_____

Hole Sponsor with Table: \$250.00 Qty:_____

Hole Sponsor: \$150.00 (sign only) Qty:_____

Individual: \$125.00 each Qty:_____

Mulligans: \$5 each or 5 for \$20 Qty:_____

(Maximum of 5/player, 20/team)

**Make checks payable to
"North Texas Chapter ICRI"
and send to:**

Pete Haveron, Treasurer
North Texas ICRI
c/o Texas Concrete Restoration
P. O. Box 883, Midlothian, TX 76065

Method of Payment: Visa Check

AMEX MasterCard

Discover

Cardholders Name _____

Credit Card # _____ Exp. date _____

Cardholders Billing Address _____

Signature _____

City, State Zip _____

Phone _____ CSV _____

**Credit Cards: Fax to Pete Haveron @ 972-291-8294
or e-mail to peteh@texconrest.com**

AMOUNT \$ _____

**PLEASE NOTE: PER TABC
REGULATIONS, NO ALCOHOL MAY BE
BROUGHT ONTO THE COURSE. ALL
ALCOHOL MUST BE PURCHASED FROM
THE PROSHOP - NO EXCEPTIONS!!**

FOR MORE INFORMATION CALL:

Pete Haveron @ 214.317.2226
or Clay Broyles @ 318.471.1131