



## 2024 Ron Huckabee Memorial Golf Tournament Registration

### Check one:

- Enclosed is my check for \$8,000 and my team is listed below. (Please provide each player's information.)
- I paid a pre-registration fee of \$1,000. Enclosed is the remaining balance of \_\_\_\_\_.
- Enclosed are my team members' checks for \$2,000 each and my team is listed below. (Please provide each player's information as well as the team captain.)
- I won't be able to participate this year. Enclosed is my tax-deductible donation of \_\_\_\_\_ for a great cause.

### Team Captain

Name \_\_\_\_\_

Handicap \_\_\_\_\_ Golf shirt size \_\_\_\_\_

Preferred method of contact:  Phone \_\_\_\_\_  Email \_\_\_\_\_

### Player 2

Name \_\_\_\_\_

Handicap \_\_\_\_\_ Golf shirt size \_\_\_\_\_

Preferred method of contact:  Phone \_\_\_\_\_  Email \_\_\_\_\_

### Player 3

Name \_\_\_\_\_

Handicap \_\_\_\_\_ Golf shirt size \_\_\_\_\_

Preferred method of contact:  Phone \_\_\_\_\_  Email \_\_\_\_\_

### Player 4

Name \_\_\_\_\_

Handicap \_\_\_\_\_ Golf shirt size \_\_\_\_\_

Preferred method of contact:  Phone \_\_\_\_\_  Email \_\_\_\_\_

**Mail this form and your check payable to The Life Center to:**

**The Life Center/RHM Golf  
2101 W. Wall Street  
Midland, Texas 79701**

Option 2 - scan document and email to [matthew@thelifecentertx.org](mailto:matthew@thelifecentertx.org)