

Summit Golf Outing

Tuesday, January 26, 2027



Place: Contraband Bayou Golf Club

Check-In: 7:30 AM

Start Time: 8:00 AM

Primary Contact: _____

Title: _____

Company: _____

Mailing Address: _____

City, State, ZIP: _____

Work Phone: _____

Email: _____

Golfer Name:	Golf \$125/person)	Sponsorship
_____	☐	_____ X \$100
_____	☐	
_____	☐	
_____	☐	
TOTALS:	_____	Company name to appear on signage: _____

Total Golfers X \$125 = _____
Total Golf Sponsorships X \$100 = _____
TOTAL DUE _____

Payment Information: ☐ Charge credit card below ☐ Send me an invoice	
☐ Visa ☐ Mastercard ☐ Discover ☐ American Express	
Card#	
Sec #	Exp. Date:
Name on Card:	
Cards Billing Address:	
Amount Charged:	Signature:

Make Checks Payable To:
ACTS Now Inc.
PO Box 644
Conway, AR 72033

Canceling before 12/27/26 will receive a refund, less a non-refundable \$100 deposit. No refunds will be issued after this date.

Charge will show as ACTS NOW on statement.