

**2010 18<sup>th</sup> Annual Tony Cook Memorial Golf Tournament  
Registration Form**

**Renditions Golf Club  
1380 West Central Avenue (Hwy 214)  
Davidsonville, Maryland 21035  
Phone: 410-798-9798 or (888) 451-4144**

**9:00 a.m. Saturday, July 3, 2010**

You have heard it all: *"Golf is a good walk spoiled."* Mark Twain  
*"Golf is flog spelled backwards."* Unknown Duffer. Balderdash, as some great Scot would say!

Golf is the best way to find a mentor, visit with former AILA Presidents, hear the story of Tony Cook, and make new friends.

**ATTENDEE INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Cell phone: \_\_\_\_\_

Handicap \_\_\_\_\_

Playing partner preference: \_\_\_\_\_

**GOLF TOURNAMENT – tee times starting @ 9 a.m.**

**Format:** Total of 2 best net scores in a foursome

**Great prizes:** For teams finishing 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>, long drive, and closest to the hole.

**Registration Fee:** \$185 includes: cart, green fee, unlimited practice before the round & **round trip transportation from the Gaylord National Hotel, breakfast and lunch.**

**Mulligans:** 2 free shots to be used anywhere cost \$20

**Tournament Donations:** Are requested but not required to underwrite costs not covered by entry fee (and prizes will be enhanced).

**NOTE: Sponsorship Donation form to support American Immigration Council (AIC) is attached.**

I'm ready to play – sign me up!

Registration Fee	\$185.00	
Rental Clubs Right ____ Left ____	\$40.00	
Tournament Donation for prizes	Suggested amount \$50.00	
Mulligans (2 for \$20)	\$20.00	
	<b>TOTAL</b>	

**PAYMENT METHOD**

Payment must accompany registration form to be processed.

**NOTE: NO REFUNDS AFTER June 25, 2010**

**Credit card payment is preferred. Checks made payable to:**

Richard A. Gump, Jr. P.C.

Mail to: Law Offices of Richard A. Gump, Jr., PC

Attn: Peg Margo

One Galleria Tower, 13355 Noel Road, Suite 1940

Dallas, Texas 75240-6834

Please charge my: \_\_\_\_ VISA \_\_\_\_ MasterCard

Name on Card \_\_\_\_\_

*Please print*

Address \_\_\_\_\_

City/State \_\_\_\_\_ ZIP: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Verification # (last three digits on back of card) \_\_\_\_\_

**TOTAL FEES ENCLOSED \$ \_\_\_\_\_**

**Please fax or scan and email completed registration form to:**

**Richard A. Gump, Jr. Fax: (972) 386-9547**

**or email: peg@rickgump.com**

**For additional information, please contact:**

**Peg Margo, Law Offices of Richard A. Gump, Jr.**

**Phone: (972) 386-9544 fax (972) 386-9547**

**email: peg@rickgump.com**