

Duffer's Day at



Monday, October 26, 2009
8:00 a.m.
Shingle Creek Golf Course



- Open to everyone attending ShowEast
- Continental Breakfast and lunch at golf course
- Shotgun start at 8 a.m. (must be registered by 7:30)
- Contests & Prizes
- Buses to and from course at Marriott Orlando World Center

Shingle Creek Golf Course is a David Harman designed 18-hole par 72 Championship Golf Course. It was named one of the Top 40 New Golf Courses in the country for 2005 by Golfweek America.

9939 Universal Blvd, Orlando Fl 32819 • (407) 996-9933
Toll-free (866) 996-9933 • www.shinglecreekgolf.com

proceeds to benefit
educational programs of the National
Association of Concessionaires



and to the Will Rogers Motion Picture
Pioneers Foundation



Registration Form

Name _____ Handicap _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Shirt size: _____

_____ # of registrations at \$150 per golfer. I would like to golf with: _____

_____ # of foursomes at \$550 per foursome. Foursome names with company affiliations: _____

_____ I would like to be a **Birdie Sponsor** for \$250. Birdie sponsors receive hole signage and one stroke.

Please list company name above as you wish it to be on signage.

_____ I would like to be an **Eagle Sponsor** for \$1,000. Eagle sponsors receive hole signage, event signage, 2 strokes, and recognition in NAC publications and tournament marketing. Please list company name above as you wish it to be on signage.

This is a charity event benefiting the educational programs of NAC and the Will Rogers Motion Picture Pioneers Foundation. In the event of inclement weather forcing the cancellation of the tournament, please consider your entry fee or sponsorship as a charitable donation and join us for the luncheon and raffle at the club house.

Include check payable to NAC, 35 E. Wacker Drive, Suite 1816, Chicago, IL 60601; (312) 236-3858; (312) 236-7809 fax; info@NACOnline.org

Payment must be in U.S. funds or, charge my: VISA Mastercard American Express

Card # _____ Expiration Date _____

Cardholder's Name _____ Total amount to be charged: _____

Billing Address: _____

Signature: _____