



Delaware Association of Surveyors, Inc.

9210 Slice Court Wilmington, NC 28412

302-462-5293 Office

888-440-7624 Fax

On Tuesday, September 10, 2019, Delaware Association of Surveyors (DAS) will hold its **3rd Annual Chuck Surguy Memorial Golf Tournament** at the Rookery North in Milford, DE. A 1:30 pm start will feature a four-person scramble. The cost, which includes a cart, is \$60 per person and all proceeds will benefit the DAS Education Fund. **This golf tournament is open to everyone—you do not have to be a DAS member to play!**

Sponsorships are also available for \$100. Names of sponsors will be placed prominently on tee boxes throughout the course. Individuals as well as businesses are invited to become sponsors of this event! If you would like to be a sponsor, please email your company logo, as you would like it displayed on the banner, preferably in .pdf or .png format to desurveyors@gmail.com as soon as possible, together with this form and payment.

We invite you to join us on September 10th, either individually or with a foursome. It is a time for good-natured rivalries to be settled as well as new ones to be formed!!

Also enclosed with this mailing is the tournament registration form and credit card authorization form. Please return them to DAS by USPS mail at 9210 Slice Court, Wilmington, NC 28412, email at desurveyors@gmail.com or fax at 888-440-7624.

Daniel Simmons

Daniel Simmons, Event Chairman

SPONSORSHIPS — To Benefit the DAS Education Fund

Company/Individual Name: _____

Name as you want it displayed on banner: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Email: _____

If you are paying with a check, please include the bottom portion of this letter with your payment and mail to:

DAS
9210 Slice Court
Wilmington, NC 28412



**Delaware Association of Surveyors
3rd Annual
Chuck Surguy Memorial Golf Tournament**



**The Rookery North, Milford DE
September 10, 2019
1:30 pm**

All proceeds from this charity event will benefit the DAS Education Fund

To help us plan for a great event, please pre-register by September 1.

REGISTRATION FORM

_____ TeamName _____
 _____ Individual/Partial Team Name (Individuals will be paired onto teams) _____

Name of Players:
Name (Captain) _____
Name _____
Name _____
Name _____

Team/Individual Contact Information

Address _____
City _____ **State** _____ **Zip** _____
Daytime Phone _____

Please provide email for each player. This will be the main contact used.

Email _____
Email _____
Email _____
Email _____

Space is Limited - Register Early	
Fees:	
Registrant (Golfer).....	\$60.00
Registrant Fee _____ x \$60=	_____
Donation to Education Fund:	_____
Total:	_____

Please complete and return registration form, with check made payable to "DAS" for the total amount. We will also accept credit cards, using the authorization form which is included.

Mail to:
 DAS
 9210 Slice Court
 Wilmington, NC 28412
 Deadline - September 1, 2019
 Questions: Email -desurveyors@gmail.com

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Email Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Billing Zip Code: _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Email: desurveyors@gmail.com

Fax: 888-440-7624

Mail: DAS, 9210 Slice Court, Wilmington, NC 28412