

Southern Arkansas University™

# Rip Powell

15<sup>th</sup> Annual Invitational Golf Tournament



presented by



## **Team/Player Registration Form**

Friday, June 20, 2025 – Magnolia Country Club – Magnolia, AR

\$400 per team or \$100 per player

**Complete this form and mail to: SAU Office of Development**

**100 E University MSC 9340 – Magnolia, AR 71753**

**or email to [jacksonmccurdy@saumag.edu](mailto:jacksonmccurdy@saumag.edu)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I have a team of four (please list names below):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Check here if you would like to be placed on a team.**

**Please reserve \_\_\_\_\_ (number of golf carts) for me at a cost of \$40 each.**

**If more than two carts are needed for a team, please call 870-235-4287.**

**Select one: I would prefer to play in the following flight (first-come, first-served):**

**Morning Flight 8:30 a.m. tee off (shotgun start)**

**Afternoon Flight 1:30 p.m. tee off (shotgun start)**

**Registration will be processed after payment is received (check one):**

**I enclosed my check payable to the SAU Foundation.**

**Please charge my debit or credit card (complete form below).**

**I paid my entry fee online at [www.saualumni.com/RipPowell](http://www.saualumni.com/RipPowell)**

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card Type:  Visa  MasterCard  Discover

Card Number: \_\_\_\_\_

CVV code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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