



23rd Annual Legends of Pharmacy Open

Falconhead Golf Club, Austin, Texas - October 9, 2009

Player Registration Form - deadline is September 25, 2009.

Please complete and return this form along with payment. Credit Card registrations may be faxed to 512-232-21893. Checks may be made payable to The University of Texas at Austin and mailed to:

Melissa Tucker
 UT College of Pharmacy
 1 University Station, A1900
 Austin, TX 78712-0120

Name: _____
 Address: _____
 City, State, Zip: _____
 Business phone: _____ Fax: _____
 Home phone: _____ Email: _____
 Handicap: _____

Registration Options	Item Price	X	Quantity	Total
Tournament Registration	\$150.00	X	_____	= _____
Sponsor a Pharmacy Student	\$150.00	X	_____	= _____
Extra Ticket(s) for Dinner Buffet	\$18.00	X	_____	= _____
Additional donation to the endowment				_____
			Grand Total	= _____

Method of Payment

Check Enclosed (make payable to The University of Texas at Austin)
 Charge my credit card: ___ Visa ___ MasterCard ___ AmEx ___ Discover
 Account #: _____ Expiration: _____
 Name on Card: _____
 Signature: _____

Please assign me to a team with the following registered players:

- (1) _____ (2) _____
 (3) _____ (4) _____

Please note that professional golfers are welcome to play but are ineligible for prizes. Registration is on a first come, first served basis as indicated by postmarked date and is limited to the first 144 registrants. In the event that there are no more slots available when your registration is received, checks will be returned promptly.