COLLEGE of PHARMACY
THE UNIVERSITY OF TEXAS AT AUSTIN

26th Annual Legends of Pharmacy Open

Teravista Golf Club, Round Rock, Texas – Friday October 19, 2012

Player Registration Form – deadline is October 8, 2012.

Please complete and return this form along with payment to:

Meagan Smith
UT College of Pharmacy
1 University Station, A1900
Austin, TX 78712-0120

meagan.smith@austin.utexas.edu
www.utexas.edu/pharmacy/golf
Phone: 512-232-2779
Fax: 512-232-1893

Title: (circle one) Dr. Mr. Mrs. Ms. Other: _____
Name: _____
Address: _____
City, State, Zip: _____
Business phone: _____ Fax: _____
Home phone: _____ Email: _____
Handicap: _____

Registration Options	**Item Price**		**Quantity**		**Total**
Tournament Registration	$150.00	X	_____	=	_____
Sponsor a Pharmacy Student	$150.00	X	_____	=	_____
Extra Ticket(s)for Dinner for Guest	$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)** _____

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 postmark 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.