



# 20<sup>th</sup> Annual Bud Light Barstool Open



To Benefit United Rehabilitation Services

Saturday, February 24, 2018

11:00 AM Shotgun Start - Event Ends at 6:00 PM



## GOLFER REGISTRATION FORM



**\$180 entry fee per team of four or \$250 with a sponsorship\*** (see back for details)

Registration Deadline: February 22<sup>nd</sup> - Please make checks payable to: URS

Full fee must be included with each entry form in order for team spot to be reserved

**\*Team must provide own putter & ball. No refunds will be given for any reason.**

**The following information MUST BE filled out about your Team Captain:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please provide the names of the other team members:

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

TEAM NAME:

\_\_\_\_\_

**Please CIRCLE the bar you signed up at. You must report to this bar first the day of the event.**

- |                               |                         |                               |
|-------------------------------|-------------------------|-------------------------------|
| RIP RAP<br>ROADHOUSE          | LITTLE YORK<br>TAVERN   | SUBMARINE HOUSE<br>VANDALIA   |
| OSCAR'S SPORTS<br>BAR & GRILL | TONY'S<br>BADA-BING     | HINDERS SPORTS<br>BAR & GRILL |
| BOLTS<br>SPORTS CAFÉ          | SHILOH ATHLETIC<br>CLUB | WINGS SPORTS<br>BAR & GRILLE  |

*I have read and agree to the below waiver (each participant **MUST** read and sign below):*

1. Signature \_\_\_\_\_ Date \_\_\_\_\_
2. Signature \_\_\_\_\_ Date \_\_\_\_\_
3. Signature \_\_\_\_\_ Date \_\_\_\_\_
4. Signature \_\_\_\_\_ Date \_\_\_\_\_

***I agree NOT to drink alcoholic beverages prior to or during this event:***

Designated Driver Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**IMPORTANT NOTICE:** In entering any of the aforementioned events and participating therein, the event participants, all team members, and guests hereby express intent to release and waive any and all claims, demands, actions, or cause of action whatsoever against URS, Heidelberg Distributing, event sponsors, participating bars, their respective subsidiaries and affiliated corporations, their shareholders, directors, officers, employees, agents, and insurance carriers, and their heirs, successors and assigns from all claims that I and others may have or claim to have, as a result of participation, to the fullest extent permitted by law, and I hereby grant the right to publicize, broadcast, and use the names above in promotions related to the event for all related and incidental purposes. Please note that if any disrespectful or vulgar actions or words are directed towards any event volunteers or staff, or if alcohol is taken outside of the designated bars, will result in individual ejection from the event without refund. **DON'T DRINK AND DRIVE. YOU MUST HAVE A DESIGNATED DRIVER PRESENT TO PARTICIPATE.**

If special accommodations are needed, please contact Ashley at 937-853-5464 or acrawford@ursdayton.org.

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*Benefiting Children and  
Adults with Disabilities  
or Other Special Needs*



## Sponsorship Commitment Form 2017

- I would like to sponsor Team \_\_\_\_\_ in URS' Barstool Open for \$250. With this sponsorship, I will receive one team of four in the event and my business name or logo on a poster\* in all 9 participating bar locations.
- I would like to be a \$100 sponsor, not including a team of four, and receive my business name or logo on a poster\* in all 9 participating bar locations.

**\*To be included on the sponsor poster, you must email your logo by February 14, 2018 to Ashley at [acrawford@ursdayton.org](mailto:acrawford@ursdayton.org).\***

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Payment Total: \$ \_\_\_\_\_

Payment Method:

- Cash
- Check - Check Number: \_\_\_\_\_
- Credit Card - Credit Card Number: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Please fill out this form and submit with payment to: Attention: Ashley Crawford  
United Rehabilitation Services, 4710 Old Troy Pike, Dayton, OH 45424  
Questions? Please contact Rob Tilbury at 937-260-7127 or [rob@afctool.com](mailto:rob@afctool.com)