



2017 MEMBERSHIP APPLICATION & RENEWAL

Please join in supporting the Tigers with your 1-year membership.
Join today for only \$75 for your family.

Please complete and send or submit the form below with your membership fee.

Last Name: _____
First Name: _____
Spouse / Partner: _____
Number of Children: _____
Address: _____
City: _____ State / Zip: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

PLEASE SELECT ONE:

_____ New Membership
_____ Membership Renewal

PLEASE CHECK APPROPRIATE BLANK:

_____ Membership is for Self
_____ Membership is for Gift

Make checks payable to: Tiger Quarterback Club.

Or Pay Online with Credit Card at <http://tigerqbclub.com/join/>

Please mail completed application to: Tiger Quarterback Club,
PO Box 30027, Columbia, MO 65205

Questions?

Marti Davidson 573-489-9010
tigerquarterbackclub@gmail.com



2016 BLACK & GOLD GOLF TOURNAMENT

at THE CLUB AT OLD HAWTHORNE

REGISTRATION FORM

LIABILITY WAIVER

I, the undersigned, hereby waive, release and hold harmless the Tiger Quarterback Club, Old Hawthorne Golf Club and all of its employees from any liability for injury or loss through my participation in this event. I further agree to indemnify the University of Missouri and its employees of any liability whether implied or direct.

Name Player #1: _____
Address: _____
City: _____ State / Zip: _____
Phone Number: _____
Email Address: _____
T-Shirt Size: Small Medium Large XX-Large XXX-Large

Player #2 Name: _____
Email: _____
T-Shirt Size: Small Medium Large XX-Large XXX-Large

Player #3 Name: _____
Email: _____
T-Shirt Size: Small Medium Large XX-Large XXX-Large

Player #4 Name: _____
Email: _____
T-Shirt Size: Small Medium Large XX-Large XXX-Large

(you do not have to have a full team to register, single, and partial teams are welcome)

Number of Players X \$200.00 _____ **or** _____ Team of 4 for \$750.00

Golf Tee Sponsorship for \$150 _____

Make checks payable to: Tiger Quarterback Club, or fill out the credit card information below.

Credit Card Number _____
Expiration Date _____ Security Code _____
Signature _____

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