



H. Smith Richardson Golf Outing Request

Organization Name: _____

Address: _____

Phone: _____

Fax: _____

Contact Person: _____

Phone: _____

E-Mail: _____

Date of Event: _____

Estimated number of participants: _____

The undersigned will be held financially responsible for the total number of participants (or the agreed upon minimum number of players) on the day of the tournament at \$76 per player in addition to any contractual agreement with the restaurant concessionaire.

Print Name

Signature

Date

Deposit Received