



FRI. SEPT 8

LUNCH & REGISTRATION
11:30 a.m.

SHOTGUN START 12:30 p.m.

CRESTVIEW
COUNTRY CLUB

Thank You to
Our Sponsors:



Security 1st Title

Lunch Sponsor



SPECIFICS:

Lunch & Registration: 11:30 a.m. — 12:30 p.m.

Shotgun Start: 12:30 p.m.

Location: Crestview Country Club - 1000 N 127th St E
North Course

Fee to participate: \$175 per player with four players per team. Entry fee includes range balls, green fees, golf cart, beverages, lunch and a player gift.

AWARDS:

An awards presentation will take place at the conclusion of the tournament. Beverages and a pizza buffet will be included.

WHO WAS BOB STRUBLE?



Bob Struble was active with Riverfest, serving as a Wagonmaster, Festival volunteer and past Board President of Wichita Festivals, Inc. before passing away from cancer in 2005. In his memory, the Bob Struble Memorial Golf Tournament was started the following year by Bob's friends. Each year, a portion of the proceeds are donated to a cancer organization in Bob's memory. This year the Hope Funds for Cancer Research and the Wichita Cancer Foundation will be the recipient organizations.

For more information, please call Wichita Festivals, Inc.,
(316) 267-2817 or meghan@wichitafestivals.com

12TH ANNUAL BOB STRUBLE MEMORIAL GOLF TOURNAMENT

Entries and payment must be returned to Wichita Festivals, Inc., 444 E. William, Wichita, KS, 67202
or faxed to (316) 267-5901 no later than **September 1, 2017.**

Player Name (Team Captain) _____

Contact Address _____ City/State/Zip _____

Phone # (work) _____ (home) _____ (mobile) _____

E-mail _____ Signature*: _____

Player Name _____

Contact Address _____ City/State/Zip _____

Phone # (work) _____ (home) _____ (mobile) _____

E-mail _____ Signature*: _____

Player Name _____

Contact Address _____ City/State/Zip _____

Phone # (work) _____ (home) _____ (mobile) _____

E-mail _____ Signature*: _____

Player Name _____

Contact Address _____ City/State/Zip _____

Phone # (work) _____ (home) _____ (mobile) _____

E-mail _____ Signature*: _____

***Hold Harmless Waiver (registrant must sign):** As an entrant in the Bob Struble Memorial Golf Tournament, I assume complete responsibility for personal injury to me or damage to property which may occur during the event or while I am on the premises of the event. I hereby release and hold harmless the sponsor, promoters, and all other persons associated with the event from any and all liability for personal injury or property damage. I grant permission for any and all of the foregoing to use any photographs, video tapes, motion pictures, recordings or any other record of this event for any purpose whatsoever. I have read this Waiver, understand it and sign above of my own free will.

Payment:	<input type="checkbox"/> Check enclosed, payable to WFI _____ # of spaces requested
	<input type="checkbox"/> Charge to Mastercard - Visa - Discover (circle)
	Card #: _____ Exp. Date: _____ Code: _____
	Signature _____
	Credit Card Receipt Sent?: <input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICIAL USE ONLY:	PD:	DTE:	RTN:
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