



**NATIONAL WATERMELON ASSOCIATION, INC.**  
**108<sup>th</sup> National Convention & Annual Meeting**  
**ARNOLD MACK MEMORIAL**  
**GOLF TOURNAMENT**

**February 22, 2023**

**Shotgun Start At 12:00 Noon**

<b>NWA USE ONLY:</b>
<b>Paid in Full With:</b> _____
<b>Balance Due:</b> _____
<b>Date:</b> _____

Name \_\_\_\_\_

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

Billing Address \_\_\_\_\_

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

Phone (Office) \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Additional Players:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Complete All that Apply:

TOURNAMENT SUPPORT	Qty	Price	Amount
Golfer/Player (Per Golfer/Player)		\$160.00	
Tee Sponsorship (Signage Per Hole)		\$100.00	
<b>TOTAL DUE</b>			

<p><b><i>Payment Information:</i></b></p> <p><b>TOTAL AMT DUE</b> \$ _____</p> <p><b>By Check:</b> <input type="checkbox"/> Make check payable to:          National Watermelon Association          190 Fitzgerald Rd, Suite 3, Lakeland, FL 33813</p>	<p><b>By Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DIS</p> <p>Cardholders Name: _____</p> <p>Credit Card #: _____</p> <p>Expiration Date: _____ Security Code: _____</p>
	<p><b>Billing Address:</b> <input type="checkbox"/> Check this box if same as above.</p> <p>Address _____ City _____ State _____ Zip _____</p>

**Return Forms To:**  
**National Watermelon Association**  
**190 Fitzgerald Road, Suite 3**  
**Lakeland, FL 33813**  
**Or Fax to 863.619.7577**