

Memorial Patron Will Call

PREMIUM SERVICE ENROLLMENT

Please complete and return this form with your finalized Daily Guest List(s) to Memorial Patron Will Call

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Company Phone _____ Email _____

Contact Person _____ Phone _____

Email _____

Local Contacts during Tournament Week

Primary Contact _____ Phone _____

Cell Phone _____ Weekend Phone _____

Email _____

Additional Contact _____ Phone _____

Cell Phone _____ Weekend Phone _____

Total # of Badges _____ # Patron _____ # Clubhouse _____

Total Donation to Nationwide Children's Hospital \$ _____ *circle here if paid in CASH*

It is your company's responsibility to assure all badges are returned to the Memorial Patron Will Call (MPWC) each day for the next day's use. To assist you, the MPWC will make every attempt to contact your designated contact person(s) to inform you of unreturned badges.

MPWC volunteers will check a photo I.D. to assure the person picking up a badge is listed on your guest list. We do not hold your guests' driver's license in exchange for your company's Tournament badges. Once a badge is released to your guest, the MPWC is not responsible for the badge, or its return. Nationwide Children's Hospital, the Memorial Tournament, The Women's Division Committee and MPWC volunteers will not be held responsible for unreturned, lost, stolen or otherwise unavailable badges.

Signature _____ Date _____

Name _____ Title _____

(Please Print)

THIS SECTION TO BE COMPLETED BY MEMORIAL PATRON WILL CALL:

Company name _____ Date _____

Check name _____ Number _____

Credit card # _____ & Name _____

Card Expiration Date _____ Type _____ Cash amount _____

Attach a copy of this form to the check and/or credit card slip