

39th ANNUAL AGC-TEXAS BUILDING BRANCH
Horseshoe Bay Resort – Horseshoe Bay, TX
June 12 – 15, 2016

REGISTRATION FORM: Please type or print legibly!

PART A: Registration

Cost: \$750 – Family Registration
\$650 – Participant & Single Guest Registration
\$550 – Single Participant Registration

Registration includes Sunday evening reception, Monday and Tuesday business sessions, Monday and Tuesday luncheons, Tuesday OCA Awards reception and dinner and Wednesday AGC Open Board Meeting.

Your Name: _____

Nickname for Badge: _____

Spouse/Partner Name: _____

Nickname for Badge: _____

Company Name: _____

Company Address: _____

City: _____

State: _____

Zip: _____

Email: _____

List below children who will be accompanying you:

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

PART B: GOLF TOURNAMENT – Sunday – June 12th – 8 AM – Apple Rock Golf Course – Horseshoe Bay Resort. Cost: \$120 per person, includes green fee, cart and range balls.

This Robert Trent Jones, Sr. course provides a nice challenge for all golfers in while providing scenic views of the Hill Country. The tournament will have a shotgun start at 8 AM and is limited to the first 40 players. DRESS CODE: All players must wear shirts with sleeves and collars, no denims or cut-offs. Soft spikes are required.

Please reserve space for the following:

NAME: _____

HANDICAP: _____

OR AVG. SCORE: _____

NAME: _____

HANDICAP: _____

OR AVG. SCORE: _____

NAME: _____

HANDICAP: _____

OR AVG. SCORE: _____

OVER

PART C: Total Your Fees

Part A - Registration:

Family	\$750	<input type="checkbox"/>
AGC Member & 1 Guest	\$650	<input type="checkbox"/>
AGC Member Only (Single)	\$550	<input type="checkbox"/>

Registration Fee \$ _____

Part B - Golf Tournament (\$120/player) \$ _____

Total \$ _____

PART D: Payment Information

Payment must accompany registration. Checks should be made payable to AGC-Texas Building Branch. Mail to: AGC Texas Building Branch, 221 East 9th Street – Suite 300, Austin TX, 78701. Credit card payments must be faxed to TBB at 512-478-1618.

Check Enclosed Bill my Credit Card-(AmEx, VISA, MC Only)

Credit Card Type: _____

Card Number: _____

Exp: _____

Security Code: _____

Name on Card: _____

Billing Address: _____

Signature: _____

Phone Number: _____

REFUND POLICY

**100% refund through May 1st
50% refund through May 15th
No refund after May 31st**