

THE 23RD ANNUAL SCLRA GOLF TOURNAMENT



Space Coast Licensed Roofers Association

We were here before the storm; We'll be here after!

WHERE: DURAN GOLF CLUB

ADDRESS: 7032 STADIUM PARKWAY
VIERA, FL 32940

DATE: SEPTEMBER 21, 2024

TIME: 8am Shotgun Start

FORMAT: 4 MAN SCRAMBLE

ENTRY FEE: \$125 PER PERSON

INCLUDES : GOLF, RANGE, BALLS &
LUNCH WITH 2 DRINK TICKETS.

ENTRY DEADLINE: FRIDAY SEPTEMBER 6, 2024



HOLE SPONSOR: \$150 PER SIGN

HOLE#: _____

NAME: _____

TEAM NAME: _____

Contact Name & Number: _____

PLAYER NAME 1: _____

PLAYER NAME 2: _____

PLAYER NAME 3: _____

PLAYER NAME 4: _____

CONTACT INFORMATION :

Justin Koether, Justin@HoughRoofing.net

For more information, please see our website at

www.SCLRA.com &

Facebook [@BrevardSCLRA](https://www.facebook.com/BrevardSCLRA)



CREDIT CARDS & CHECKS ACCEPTED : 4% CREDIT CARD FEE. Credit Card Authorization Attached

MAKE CHECKS PAYABLE: SCLRA, 1861 S. Patrick Dr, Box 129, Indian Harbour Beach, FL 32937



S.C.L.R.A.
1861 S Patrick Drive
Box 129
Indian Harbour
Beach, FL 32937

Credit Card Authorization Form

Please complete all fields.

You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name:	_____
(as shown on card):	
Card Number:	_____ - _____ - _____ - _____
Expiration Date (mm/yy):	____ / ____
CCV:	_____
Cardholder ZIP Code:	_____
(from credit card billing address)	

I, _____, authorize *Space Coast Licensed Roofers Association (SCLRA)* to charge my above credit card for agreed upon purchases for: Membership Dues Fundraiser: _____, for \$_____. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Annual Contractor Membership Fee - \$350.00

Credit Cards swiped will acquire a 3% service fee.
To swipe, please contact the Treasurer.

Payments manually entered will acquire a 4% service fee.
Please complete and mail this form along with your membership application.

For more information please see our website at www.SCLRA.com or Facebook [@BrevardSCLRA](https://www.facebook.com/BrevardSCLRA)