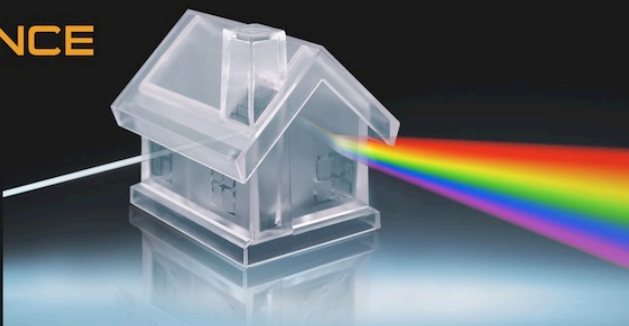


2017 ANNUAL CONFERENCE

A SPECTRUM of Opportunities

SEPTEMBER 17-20

Marriott Shoals Hotel & Spa, Florence, Alabama



29th Annual John Acuff /TAHRA Scholarship Golf Tournament Muscle Shoals, AL Sunday, September 17, 2017

Join us for a fun round of golf with your peers and help raise money for a great cause on a great golf course!

Format: Four Person Scramble
Entry Fee Includes 18 Hole Green Fees and Cart
Closest to Pin Contest
Awards will be given at golf course and winners announced

When: Sunday, September 17, 2017 8:00 a.m.

Where: Robert Tent Jones Golf Course
990 SunBelt Parkway
Muscle Shoals, AL 35661
256-446-5111

Cost: \$110.00 per player includes golf cart, awards, lunch
Additional charge for Mulligan's.

Registration
Deadline: August 31, 2017

You may register for the tournament by completing the form below and send with payment to TAHRA, % Christi Billings, Covington Housing Authority, PO Box 88, Covington, TN 38019

Name _____ Title _____

Housing Authority/Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

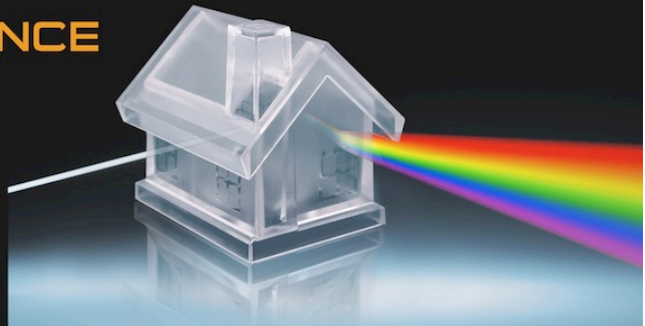
Average score for 18-hole course _____

2017 ANNUAL CONFERENCE

*A SPECTRUM
of Opportunities*

SEPTEMBER 17-20

Marriott Shoals Hotel & Spa, Florence, Alabama



**29th Annual John Acuff/Tennessee Association of Housing and
Redevelopment Authorities**

Scholarship Golf Tournament

Muscle Shoals, AL

Sunday, September 17, 2017

Golf Tournament Sponsorship Form

We welcome all companies, individuals and/or housing authorities to sponsor various golf tournament activities. All proceeds go directly to the TAHRA Scholarship Fund and will be recognized with signs and in the final program if received by **August 31, 2017**

- | | |
|--|-----------------------|
| <input type="checkbox"/> Hole sponsor | \$100 per hole |
| <input type="checkbox"/> Lunch sponsor | \$250 |
| <input type="checkbox"/> Beverage sponsor | \$250 |
| <input type="checkbox"/> Snack sponsor | \$250 |

Name _____ Title _____

Agency/Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Mail form and payment to:

**TAHRA
% Christi Billings
Covington Housing Authority
PO 88
Covington, TN 38019**