

**3rd Annual Lifestyles Unlimited & KR Rejuvenation Golf Tournament
benefiting Courtney's Crusade**

Friday May 7, 2010 - Cypresswood Golf Club - Spring, Texas

To find out information about our benefiting organization go to www.courtneyscrusade.com –

Players Registration Form

Eligibility: The Tournament will be open to any one who pays their registration fee.

Fee:

\$100 per person. Includes greens fees, golf cart, 2 drink tickets, & Lunch Plate. The tournament begins @ 10 am with a shotgun start. Prizes will be awarded at the end of play.

Full Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alternate Number: _____

Email Address: _____

How did you hear about the tournament? _____

In Case of Emergency, Please Contact:

Name: _____ Cell/Home Phone: _____

Handicap/Average Score: _____

Preferred Foursome: _____

If there is an individual or group with whom you would like to play, please write their name(s) above. We will make every attempt to accommodate your request. However, because pairings based on players abilities, there is no guarantee that you will be able to play with the group you requested.

Payment must be made in US dollars by check or credit card. Forms submitted with out payment will not be processed.

- Check/Money Order Enclosed
- AMEX
- Discover
- MasterCard
- VISA

Card Number _____ Exp _____

Card Holder Name _____ CCV # _____

Phone _____

Signature _____

Cancellation Policy: There will be no refunds for cancellations. However registration is transferable to another person. In the case of inclement weather, Cypresswood Golf Club reserves the right to cancel the tournament and will refund the entry fee, unless play has started.

Waiver of Liability:

In consideration of my entry, I, ,y heirs, executors and administrators waive all claims, release form all liability, and agree to hold harmless, Lifestyles Unlimited, KR-Rejuvenation, Courtney's Crusade, their agents, members and sponsors of this event. I understand that this tournament entails personal risk, including serious bodily injury and even death, and I voluntarily assume that risk. I recognize the physical exertion involved in the event and attest and certify that I am physically fit to compete safely, and have not been advised otherwise by a health care professional.

Thank you,

Signature: _____ Date: _____

Please fax to: Natalie Pilkinton @ 713-978-6520 or call 713-978-6565 x 210

Email: natalie@luinc.com

Mail check or money order: Payable to Courtney's Crusade

Lifestyles Unlimited-11200 Westheimer Ste 1000-Houston, TX 77042