

21<sup>st</sup> ANNUAL D/FW CHAPTER  
**AADE GOLF TOURNAMENT**  
TWO-MAN SCRAMBLE  
FIREWHEEL GOLF CLUB  
GARLAND, TEXAS  
OCTOBER 4, 2010  
**12:00 P.M. SHOT GUN**

**Tournament Limit: First 120 Two-man paid teams.**

**ENTRY FEE** = \$495.00 / 2-MAN TEAM **DEADLINE:** September 1, 2010

*Entry Fee Includes the Following:*

- > Automatic Corporate Sponsorship
- > Generous Ditty Bag to Each Player
- > Lunch, Dinner and Drinks
- > Lots of Door Prizes
- > Putting Contest for Color TV
- > Cash Hole-In-One Prize
- > Have Fun With Your Friends

**AADE MEMBERSHIP FEE:** (Automatic enrollment if not a current member of DFW Chapter)

**Player Information** \_\_\_\_\_ **Company** \_\_\_\_\_ **Handicap**

**Captain:** \_\_\_\_\_

**Partner:** \_\_\_\_\_

**Office/Fax Confirmation Phone Numbers:**

\_\_\_\_\_  
**Email Address Captain:**

\_\_\_\_\_  
**Email Address Partner:**

**Make checks payable to:** D/FW AADE Golf Tournament and mail to the following:

John Gault - AADE GT ENTRY FEE: **\$495.00**

Baker Hughes INCLUDES PUTTING CONTEST

1333 Corporate Drive,

Suite 300,

Irving, TX, 75038

john.gault@bakerhughes.com

Any questions regarding the tournament please call John Gault at 972-753-0111 / Fax # 972-756-0183  
or any one of the committee members listed below:

**Dan Lockwood – New Tech Eng**

(817) 885-8501

**John Gault – Baker Hughes**

(972) 753-0111

**Terry Smith – Halliburton**

(972) 418-3206

**Brent Moore – Tetra Technologies**

(817) 296-5206

**Bob Miller – Kosmos Energy**

(214) 445-9600

**DeDe Terveen – MS Services**

(817) 319-8501

**Steve Davis-Sperry Sun**

(972) 418-3246

**Al Davis – Newark Energy**

(817) 332-3891

**Steve Mamerow – PNR**

(972) 969-4496

***PAY BY CREDIT CARD OPTION***

***VISA – MASTERCARD – AMERICAN EXPRESS ONLY***

***NAME:*** \_\_\_\_\_

***ADDRESS:*** \_\_\_\_\_

***CITY & STATE:*** \_\_\_\_\_

***OFFICE PHONE:*** \_\_\_\_\_

***CELL PHONE:*** \_\_\_\_\_

***E-MAIL ADDRESS:*** \_\_\_\_\_

***CREDIT CARD:*** \_\_\_\_\_

***CREDIT CARD NO:*** \_\_\_\_\_

***INCLUDE SECURITY No. on back side of credit card.*** \_\_\_\_\_

***EXPIRATION DATE:*** \_\_\_\_\_

***SIGNATURE:*** \_\_\_\_\_

**Note:** A 5% credit card transaction fee will be added to your card.

**SEND INFO ALONG WITH REGISTRATION FORM TO JOHN GAULT AS LISTED ON REGISTRATION FORM.**