

# Memorial Patron Will Call

## PREMIUM SERVICE ENROLLMENT

Please complete and return this form with your finalized Daily Guest List(s) to Memorial Patron Will Call

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Local Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Weekend Phone \_\_\_\_\_

Additional Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Weekend Phone \_\_\_\_\_

Total # of Badges \_\_\_\_\_ Patron \_\_\_\_\_ Clubhouse \_\_\_\_\_

Total Donation to Nationwide Children's Hospital \$ \_\_\_\_\_ *circle here if paid in CASH*

Memorial Patron Will Call (MPWC) volunteers will check photo I.D. to assure that the person picking up the badge is the person on your guest list. A volunteer will assign your guest a badge and record the badge number before your guest signs "out" the badge. As your guest returns the badge and signs it back "in" a volunteer will check for the correct badge number. It is your company's responsibility to assure that all badges are returned to MPWC each day by 7 p.m. for the next day's use. You are welcome to check in with MPWC at the end of each day to verify that all company badges have been returned or to obtain the names of guests who have not returned a badge. The MPWC will not be responsible for calling you to inform you of unreturned badges.

Memorial Patron Will Call will NOT be holding your guests' driver's license in exchange for your company's Tournament badges. Once a badge is released to your guest, MPWC is not responsible for the badge, or its return. Nationwide Children's Hospital, the Memorial Tournament, The Women's Division Committee and our volunteers will not be held responsible for unreturned, lost, stolen or otherwise unavailable badges.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

*(Please Print)*

**THIS SECTION TO BE COMPLETED BY MEMORIAL PATRON WILL CALL:**

**Payment Form:** *Include check or credit card number, individual's name, company)*

Company name \_\_\_\_\_ Date \_\_\_\_\_

Check name \_\_\_\_\_ Number \_\_\_\_\_

Credit card # \_\_\_\_\_ & Name \_\_\_\_\_

Card Expiration Date \_\_\_\_\_ Type \_\_\_\_\_ Cash amount \_\_\_\_\_

*Attach a copy of this form with the check and/or credit card slip!*

*on behalf of*

