



Riverfest

Event Registration Form

20TH ANNUAL BOB STRUBLE MEMORIAL GOLF TOURNAMENT

Monday, June 2, 2025

TERRADYNE COUNTRY CLUB
1400 Terradyne St. Andover, KS 67002

SPECIFICS

Registration - 7:30 a.m
Donuts, Pastries & Coffee provided

Shotgun Start - 8:30 a.m.

AWARDS

Lunch and awards presentation will take place at the conclusion of the tournament in the dining room.

PARTICIPATION FEE

\$175 per player with four players per team
Entry fee includes range balls, green fees, golf cart, beverages, lunch and a player gift.



WHO WAS BOB STRUBLE?

Bob Struble was active with Riverfest, serving as a Wagonmaster, Festival volunteer and past Board President of Wichita Festivals, Inc. before passing away from cancer in 2005. In his memory, the Bob Struble Memorial Golf Tournament was started the following year by Bob's friends. Each year, a portion of the proceeds are donated to a cancer organization in Bob's memory. This year Victory in the Valley will be the recipient organization.



Entries and payment must be returned to Wichita Festivals Inc., no later than **May 23, 2025**

Payment:	<input type="checkbox"/> Check enclosed, payable to WFI	_____	Number of players requested
	<input type="checkbox"/> Charge to Mastercard - Visa - Discover (circle)		
Card #:	_____	Exp.Date: _____	Code: _____
Signature	_____		
Credit Card Receipt Sent?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OFFICIAL USE ONLY:			
PD:	DTE:	RTN:	

Please mail application and payment to Wichita Festivals, Inc.
444 E. William Wichita, KS, 67202 or email to lindsay@wichitafestivals.com



Hold Harmless Waiver Wichita Festivals, Inc.

As a participant in an event produced by Wichita Festivals, Inc., I assume complete responsibility for personal injury to me or damage to property which may occur during the event or while I am on the premises of the event. I hereby release and hold harmless the sponsor, promoters, and all other persons associated with the event from any and all liability for personal injury or property damage. I grant permission for any and all of the foregoing to use any photographs, video tapes, motion pictures, recordings or any other record of this event for any purpose whatsoever. I have read this Waiver, understand it and sign below of my own free will.

Player Name (Team Captain) _____

Contact Address _____ City/State/Zip _____

Phone # (work) _____ (home) _____ (mobile) _____

E-mail _____ Signature _____ Date _____

Player Name _____

Contact Address _____ City/State/Zip _____

Phone # (work) _____ (home) _____ (mobile) _____

E-mail _____ Signature _____ Date _____

Player Name _____

Contact Address _____ City/State/Zip _____

Phone # (work) _____ (home) _____ (mobile) _____

E-mail _____ Signature _____ Date _____

Player Name _____

Contact Address _____ City/State/Zip _____

Phone # (work) _____ (home) _____ (mobile) _____

E-mail _____ Signature _____ Date _____

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