

**MONDAY, JUNE 21, 2010
CHAMPIONS GOLF CLUB**

Name _____

Company/Team _____

Please print company name as you would like to appear in program

Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

PLEASE RESERVE

___ Presenting Sponsor - \$30,000+
(2 foursomes)

___ Birdie Sponsor - \$5,000
(1 Foursome)

___ Masters Sponsor - \$20,000
(2 Foursomes)

___ Par Sponsor- \$3,000 (limited
(1 Foursome) availability)

___ Eagle Sponsor - \$10,000
(1 Foursome)

***Sponsorship recognition deadline – June 10
Player handicap deadline – June 10***

- Please charge \$_____ to my ___ Mastercard ___ Visa ___ Amex
Name on card _____ Acct # _____
Signature _____ Exp. _____
- Sorry, unable to participate, but enclosed is a contribution for \$ _____
- Enclosed is my check for \$_____ payable to ESCAPE Family Resource Center
- Bill me later at the address above or _____

PLAYER INFORMATION

1. Name _____ Handicap index _____

2. Name _____ Handicap index _____

3. Name _____ Handicap index _____

4. Name _____ Handicap index _____

1. Name _____ Handicap index _____

2. Name _____ Handicap index _____

3. Name _____ Handicap index _____

4. Name _____ Handicap index _____

PLEASE RETURN NAMES OF PLAYERS AND HANDICAP INDEX BY June 10

Return completed forms via email, fax or mail.

Email: smercado@learntoparent.org
Mail: 3210 Eastside, Houston, TX 77098
Fax: 713-942-0702

For more information, please contact:
Chris Rambeau, Tournament Coordinator
Tel: (832) 367-9117

Please make checks payable to ESCAPE Family Resource Center