



Holy Spirit Golf Tournament

Thursday, April 8, 2010

Pine Forest Country Club

Agenda:

8:00 AM - Registration, Donuts & Coffee, plus Range Practice

9:00 AM - Shotgun Start
Scramble Format

1:00 PM - Awards Luncheon

(Rain Date: April 22)

Sponsored by:

Silver Sponsors:

Rosemary Buckle, MD,
Orthopaedic Associates, L.L.P.



Hole Sponsors:

Bryan and Kelli Basham
Parker School Uniforms
Paul and Staci Sorenson

Booster Buddy:

Mark and Elaine Wertheimer

SPONSORSHIP OPPORTUNITIES STILL AVAILABLE
CONTACT Tina Linton, 713-213-5277 or tlinton@lqc.com or
the HSES Office of Development, 713-468-5138, FAX 713-465-6972.

Proceeds from this event will benefit the Booster Club.

The purpose of the Athletic Booster Club is to provide active, on-going support to the athletic department and its commitment to offer first class, challenging athletic programs to students; to assist in promoting Holy Spirit Episcopal School throughout the community; and to aid the athletic department in activities as needed.



Holy Spirit Episcopal School Booster Club Annual Golf Tournament
Pine Forest County Club, April 8, 2010

Registration Form

Name as you would like it to appear in printed materials

Contact: _____

Address : _____

Phone: _____

Sponsorship Amount \$ _____

\$500 Foursome _____

\$150 Individual _____

Additional Donation \$ _____

Total Enclosed \$ _____



City, St Zip: _____

E-mail Address: _____

Check enclosed (payable to HSES)

Visa

MasterCard

Card Number: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

**Please list golfer information below and mail to: Holy Spirit Episcopal School
Attn: Golf Tournament, 12535 Perthshire Rd., Houston, TX, 77024.**

Golfer #1 Name: _____

Handicap: _____

Address: _____

City, ST, Zip : _____

Phone Number: _____

Golfer #2 Name: _____

Handicap: _____

Address: _____

City, ST, Zip : _____

Phone Number: _____

Golfer #3 Name: _____

Handicap: _____

Address: _____

City, ST, Zip : _____

Phone Number: _____

Golfer #4 Name: _____

Handicap: _____

Address: _____

City, ST, Zip : _____

Phone Number: _____

Limited Availability: All player registrations will be on a first come, first served basis. Full team/individual golfer payments must accompany the registration. Rain Date scheduled for April 22nd, 2010. FAX 713-465-6972.