

GREEN on the GREEN

St. Catherine's Montessori 12th Annual Golf Tournament Registration Form

Contact Name: _____
E-Mail Address: _____
Address: _____
City: _____ State: _____ Zip: _____

Office Telephone: _____
Cellular Telephone: _____

Date of Tournament: Wednesday, April 27, 2011
Place: Wildcat Golf Club
Registration/Tee Time: Registration begins at 11:30 a.m.
1:00 p.m. Shotgun Start, 4-Man Best Ball Scramble

Entry Fee includes: lunch, post-play dinner and reception, hole-in-one contest, closest to the pin, longest drive, 2 beverages, player goody bags, greens fee and golf cart.

I will participate as indicated below (please check box):

- Title Sponsor** **\$10,000**
Company or family name and logo on all tournament advertisements
Premier recognition tournament banner
Logo and link to website from St. Catherine's Montessori website
3 teams (12 golfers)
- Gold Level** **\$ 5,000**
Premium Company or family recognition on tournament banner
Logo and link to website from St. Catherine's Montessori website
2 teams (8 golfers)
- Silver Level** **\$ 2,500**
Company or family recognition on tournament banner
Logo and link to website from St. Catherine's Montessori website
1 team (4 golfers)
- Bronze Level** **\$ 1,000**
Company or family recognition on tournament banner
1 team (4 golfers)
- Beverage Cart Sponsor** **\$ 1,000**
Company or family recognition on all beverage carts
- Hole Sponsor** **\$ 200**
Sign recognition for company or family on pre-selected hole
- Golfer** (all ages & skill levels welcome) **\$ 150**

Sponsors: Please indicate name of individual or company as it is to appear on all printed materials:

Please complete as appropriate:

Foursomes:
Player #1 Name: _____
E-Mail: _____
Address: _____
Phone: _____

Player #2 Name: _____
E-Mail: _____
Address: _____
Phone: _____

Player #3 Name: _____
E-Mail: _____
Address: _____
Phone: _____

Player #4 Name: _____
E-Mail: _____
Address: _____
Phone: _____

_____ I do not have a team. Please place me with a foursome.
_____ I am not able to attend but would like to make a donation.

Amount Enclosed: \$ _____

_____ Check Enclosed Payable to: St. Catherine's Montessori
_____ Credit: Visa MasterCard American Express (circle one)

Card Number _____ / _____
Expiration Date

Signature _____

Questions? Contact Jennifer Reeves at (713) 600-0211

Let's raise \$15,000 for the St. Catherine's Montessori Scholarship Fund and Reading Center! Entry Deadline is April 17, 2011

Thank you for your participation!

Win a Smart Car & Other Great Prizes!