



2011 FORT BEND A&M CLUB
SCHOLARSHIP GOLF TOURNAMENT



FRIDAY, OCTOBER 21, 2011

Greatwood Golf Club, 6767 Greatwood Parkway, Sugar Land, TX 77479

The Fort Bend A&M Club invites you to come out and support our Scholarship Golf Tournament benefitting Fort Bend County seniors attending Texas A&M University in the fall. Registration is limited to 100 players, available on a first come, first served basis. Mark your calendars and enter TODAY!!

- TIME: 8:00 am Registration / 9:00 am Shotgun Start
- FORMAT: 4 Person Team Scramble – Ladies & Men
- AWARDS: Team Prizes (GROSS/NET) for top 3 places / Raffle prizes
- ENTRY FEE: \$125 Per Player
(includes green fee, breakfast tacos, beverages on course, and Fajita Lunch)
- SUPER TICKET: \$10 Per Player
(includes 2 mulligans and raffle ticket)

SPONSORSHIPS:

- Silver: \$225 (includes player pkg and Course Advertisement)
- Gold: \$350 (same as Silver with 2 players)
- Diamond: \$600 (same as Gold with 4 players)
- Maroon: \$2000 (same as Diamond plus Scholarship awarded in your name)
- Course Ads: \$200 ea. (Contact Clint Powell below for more details)



Sponsors please RSVP by October 14th to ensure sufficient time to create course advertisement.



3 ways to enter:

Email: CPowell@mcvean.com
 Fax: (713) 334-8023
 Mail: Fort Bend County A&M Club
 PO Box 16684
 Sugar Land, TX 77496

For more information:

Clint Powell (281) 468-6880
CPowell@mcvean.com
 Chip Thiel (713) 248-8129
CThiel@ascensioncapital.com

*****Please fill out your reservation information on following page*****

SPONSORSHIP INFORMATION	
SPONSORSHIP LEVEL:	SPONSORSHIP AMOUNT: \$
NAME:	
*COMPANY/FOUNDATION NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	FAX:
EMAIL:	
*Company name required if a company mailing address is used.	

2010 SPONSORSHIP & PLAYER REGISTRATION	
PAYMENT INFORMATION	
CHECK # (Payable to Fort Ben County A&M Club)	
NAME ON CREDIT CARD:	
CREDIT CARD TYPE:	EXP. DATE:
CARD #:	

PLAYER 1	
PLAYER 1 NAME:	
COMPANY/FOUNDATION NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	FAX:
EMAIL:	
EMAIL:	
HANDICAP:	

PLAYER 3	
PLAYER 3 NAME:	
COMPANY/FOUNDATION NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	FAX:
EMAIL:	
EMAIL:	
HANDICAP:	

PLAYER 2	
PLAYER 2 NAME:	
COMPANY/FOUNDATION NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	FAX:
EMAIL:	
EMAIL:	
HANDICAP:	

PLAYER 4	
PLAYER 4 NAME:	
COMPANY/FOUNDATION NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	FAX:
EMAIL:	
EMAIL:	
HANDICAP:	

Please email, mail or fax all registration forms to:
Fort Bend Country A&M Club
 PO Box 16684
 Sugar Land, TX 77496

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