

Please submit team and player names and handicaps by October 4, 2022,  
to Jesús Rodriguez at [jrodriguez5@legacycommunityhealth.org](mailto:jrodriguez5@legacycommunityhealth.org).

## TOURNAMENT TEAM & INDIVIDUAL PLAYER

TEAM - \$2,200

**\$1,800 Early Bird Price if registered by August 26, 2022**

- One foursome
- Breakfast, lunch and post-tournament reception
- Gift bag for each team member

INDIVIDUAL PLAYER - \$550

**\$450 Early Bird Price if registered by August 26, 2022**

- Breakfast, lunch and post-tournament reception
- Gift bag for each team member

### Team Information

Team Name \_\_\_\_\_

Player 1: \_\_\_\_\_ Handicap \_\_\_\_\_

Player 2: \_\_\_\_\_ Handicap \_\_\_\_\_

Player 3: \_\_\_\_\_ Handicap \_\_\_\_\_

Player 4: \_\_\_\_\_ Handicap \_\_\_\_\_

### Individual Player Information

Name \_\_\_\_\_ Handicap \_\_\_\_\_

## TOURNAMENT AWARD LUNCHEON TICKETS

I will not be playing in the tournament but would like to attend the Luncheon.

\$100 EACH - I WOULD LIKE \_\_\_\_\_ TICKETS

## I WILL NOT BE ABLE TO PARTICIPATE

PLEASE ACCEPT MY GIFT OF \$ \_\_\_\_\_

## PAYMENT INFORMATION

Check enclosed *(payable to Legacy Community Health)*

Charge my:  Visa  MasterCard  AMEX  Discover

Credit Card # \_\_\_\_\_

CVV Code \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_



**Please Fold this Form in Half and  
Use Return Envelope to Mail to**

LEGACY COMMUNITY HEALTH  
Attn: Development Department  
PO Box 66308 Houston, TX 77266-6308