

11TH ANNUAL KELSEY RESEARCH FOUNDATION GOLF CLASSIC REGISTRATION FORM

(Kindly Register by Wednesday, May 11, 2005)

Name _____ Company _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Fax _____ Email _____

Team sponsors *(please list players and handicaps on back)*

_____ Platinum Sponsor \$7,500 _____ Gold Sponsor \$5,000
_____ Silver Sponsor \$2,500 _____ Bronze Sponsor \$1,500

Individual Golfer \$300 *(please list handicap)*

I am unable to attend, but please accept my donation of \$ _____

***Please indicate the participants of your team on reverse side of this card.**

Please make checks payable to **Kelsey Research Foundation**.

The fair market value of an individual registration is \$120.00. The tax-deductible amount is the remainder.

Acknowledgement of your contribution will verify deduction limits.

Check Type of Payment: Cash Check MC Visa or American Express

Name on Card _____ Card # _____

Authorized Signature _____ Expiration Date: _____

Please return this portion for entry

Kelsey Research Foundation • 7800 Fannin, Suite 209 • Houston, TX 77054

Team Reservations
11TH ANNUAL KELSEY RESEARCH FOUNDATION GOLF CLASSIC

Name _____ Handicap* _____

Company _____

Name _____ Handicap* _____

Company _____

Name _____ Handicap* _____

Company _____

Name _____ Handicap* _____

Company _____

**Handicaps not listed on Registration form will be entered as scratch,
maximum handicap is 30.*