

70th
annual

SKYLLA FOR SEMPER FI CHARITY GOLF TOURNAMENT

**FRIDAY,
SEPTEMBER 9TH 2022
8:30AM TEE OFF**

WINDROSE
GOLF CLUB
6235 PINE LAKES BLVD
SPRING, TX 77379

**\$600 PER FOURSOME
OR \$175 FOR INDIVIDUALS
DUE BY AUGUST 22ND**



**BREAKFAST
REFRESHMENTS*
AWARDS LUNCHEON***
*INCLUDES ADULT BEVERAGES

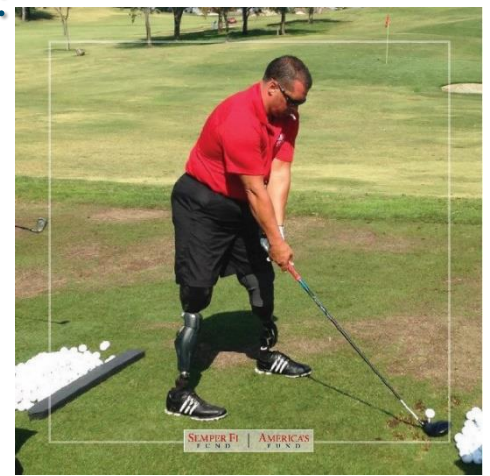
**PRIZES
DRAWINGS
HOLE GAMES
HOLE-IN-ONE PRIZES**

100% OF YOUR
DONATIONS
SUPPORT

**SEMPER FI & AMERICA'S FUND
AND OUR COMBAT WOUNDED, ILL, AND INJURED**

THEY'VE GIVEN SO MUCH. NOW IT'S OUR TURN.

**TO REGISTER OR SPONSOR:
WWW.SKYLLASF.ORG
281.467.1703
LEWISS@SKYLLAENG.COM**



**SPONSORSHIP PLEDGES MUST BE
MADE BY AUGUST 5TH AND
PAYMENTS MADE BY SEPT 9TH**

TO BENEFIT

**SEMPER FI & AMERICA'S
FUND**

**Serving Those
Who Preserve
Our Freedom**

PROUDLY SPONSORED BY

**SKYLLA
SUPPORT FUND**

Houston Foot and Ankle

Individual and Team Registration

Friday,
September 9th, 2022
at 8:30am



WindRose
Golf Club
6235 Pine Lakes Blvd.
Spring, TX 77379

100% OF SPONSORSHIP DONATIONS WILL DIRECTLY BENEFIT THE SEMPER FI FUND

FORMAT: FOUR-PERSON SCRAMBLE. WE WILL PLAY RAIN OR SHINE.
THE \$175 FOR A SINGLE PLAYER, OR REDUCED RATE OF \$600 PER FOURSOME, INCLUDES BREAKFAST,
18 HOLES OF GOLF, CART FEES, COURSE REFRESHMENTS, AWARDS LUNCH, AND PRIZES.

PLAYER 1 INFORMATION

NAME: _____
ADDRESS: _____
HANDICAP: _____ (OR TYPICAL SCORE FOR 18 HOLES) PAYMENT INCLUDED? Y N
PHONE: _____ EMAIL: _____

PLEASE PROVIDE CURRENT MAILING INFORMATION IN ORDER TO RECEIVE YOUR TAX RECEIPT FOR THIS CHARITABLE CONTRIBUTION.

PLAYER 2 INFORMATION

NAME: _____
ADDRESS: _____
HANDICAP: _____ (OR TYPICAL SCORE FOR 18 HOLES) PAYMENT INCLUDED? Y N
PHONE: _____ EMAIL: _____

PLEASE PROVIDE CURRENT MAILING INFORMATION IN ORDER TO RECEIVE YOUR TAX RECEIPT FOR THIS CHARITABLE CONTRIBUTION.

PLAYER 3 INFORMATION

NAME: _____
ADDRESS: _____
HANDICAP: _____ (OR TYPICAL SCORE FOR 18 HOLES) PAYMENT INCLUDED? Y N
PHONE: _____ EMAIL: _____

PLEASE PROVIDE CURRENT MAILING INFORMATION IN ORDER TO RECEIVE YOUR TAX RECEIPT FOR THIS CHARITABLE CONTRIBUTION.

PLAYER 4 INFORMATION

NAME: _____
ADDRESS: _____
HANDICAP: _____ (OR TYPICAL SCORE FOR 18 HOLES) PAYMENT INCLUDED? Y N
PHONE: _____ EMAIL: _____

PLEASE PROVIDE CURRENT MAILING INFORMATION IN ORDER TO RECEIVE YOUR TAX RECEIPT FOR THIS CHARITABLE CONTRIBUTION.

DONATION PAYMENTS AND REGISTRATION MUST BE SUBMITTED BY **AUGUST 22, 2022**.

BY CREDIT CARD VIA WWW.SKYLASF.ORG OR

BY CHECKS MADE PAYABLE TO: **SKYLLA SUPPORT FUND**

And Mail To: Skylla Support Fund, C/O Susan Lewis, 2154 N. Center St, Suite B-201, N. Charleston, SC 29406

Questions? Please contact Susan Lewis, Skylla Engineering Community Event Coordinator: LewisS@SkyllaEng.com, P: 281.467.1703