Individual and Team Registration

Friday, September 5th, 2025 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 \$200 FOR A SINGLE PLAYER, OR REDUCED RATE OF \$675 PER FOURSOME, INCLUDES BREAKFAST, 18 HOLES OF GOLF, CART FEES, COURSE REFRESHMENTS, AWARDS LUNCH, AND PRIZES.

| NAME: | | |
|-------------------|---|--|
| ADDRESS: | | |
| HANDICAP: | (OR TYPICAL SCORE FOR 18 HOLES) | PAYMENT INCLUDED? Y N |
| PHONE: | EMAIL: | |
| PLEASE PROVIDE CU | RRENT MAILING INFORMATION IN ORDER TO RECEIVE | YOUR TAX RECEIPT FOR THIS CHARITABLE CONTRIBUTION. |
| | PLAYER 2 INFORM | MATION |
| NAME: | | =/// |
| ADDRESS: | | |
| HANDICAP: | (OR TYPICAL SCORE FOR 18 HOLES) | PAYMENT INCLUDED? Y N |
| PHONE: | EMAIL: | |
| PLEASE PROVIDE CU | RRENT MAILING INFORMATION IN ORDER TO RECEIVE | YOUR TAX RECEIPT FOR THIS CHARITABLE CONTRIBUTION. |
| 1/6 | PLAYER 3 INFORM | MATION |
| NAME: | 30 / 40 | |
| ADDRESS: | | |
| HANDICAP: | (OR TYPICAL SCORE FOR 18 HOLES) | PAYMENT INCLUDED? Y N |
| PHONE: | EMAIL: | |
| PLEASE PROVIDE CU | RRENT MAILING INFORMATION IN ORDER TO RECEIVE | YOUR TAX RECEIPT FOR THIS CHARITABLE CONTRIBUTION. |
| | PLAYER 4 INFORM | MATION |
| NAME: | | |
| ADDRESS: | | |
| HANDICAP: | (OR TYPICAL SCORE FOR 18 HOLES) | PAYMENT INCLUDED? Y N |
| PHONE: | EMAIL: | |
| | | |



DONATION PAYMENTS AND REGISTRATION MUST BE SUBMITTED BY AUGUST 22, 2025.

By Credit Card via www.SkyllaSF.org or

BY CHECKS MADE PAYABLE TO: SKYLLA SUPPORT FUND

And Mail To: Skylla Support Fund, C/O Susan Lewis 25322 Oakhurst Drive, Spring, TX 77386

Questions? Please contact Susan Lewis: LewisS@SkyllaEng.com, P: 281.467.1703



SkyllaSF@gmail.com