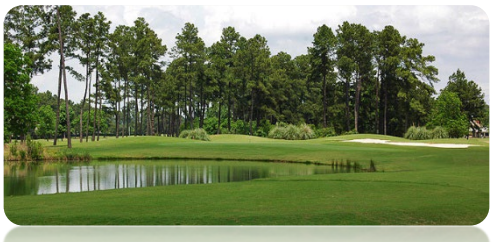
13th annual SKYLLA FOR SEMPER FI CHARITY GOLF TOURNAMENT

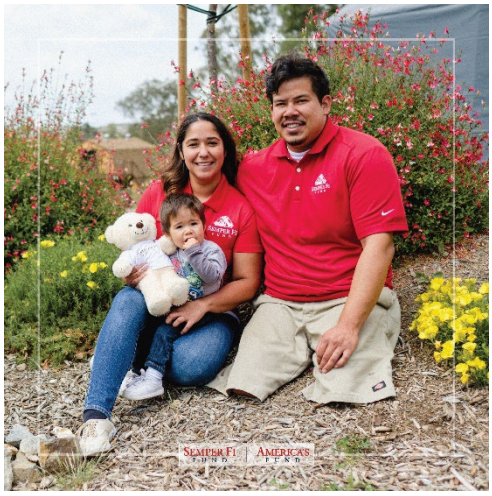
FRIDAY,
SEPTEMBER 5TH 2025
8:30AM TEE OFF

WINDROSE GOLF CLUB
6235 PINE LAKES BLVD
SPRING, TX 77379

$675 PER FOURSOME
OR $200 FOR INDIVIDUALS
DUE BY AUGUST 22ND



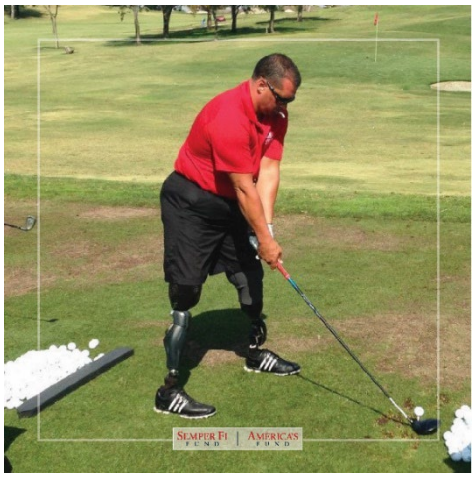
PRIZES
DRAWINGS
HOLE GAMES
HOLE-IN-ONE PRIZES



BREAKFAST
REFRESHMENTS*
AWARDS LUNCHEON*
*INCLUDES ADULT BEVERAGES

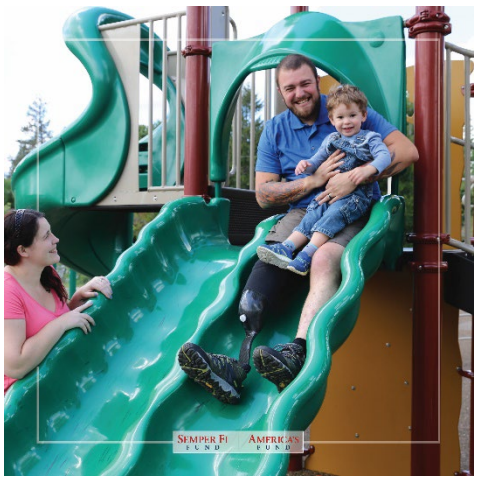
100% OF YOUR DONATIONS SUPPORT
SEMPER FI & AMERICA'S FUND
AND OUR COMBAT WOUNDED, ILL, AND INJURED

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



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

TO BENEFIT
SEMPER FI & AMERICA'S FUND
Serving Those Who Preserve Our Freedom



SPONSORSHIP PLEDGES MUST BE MADE BY **AUGUST 8TH** AND PAYMENTS MADE BY **SEPT 5TH**

PROUDLY SPONSORED BY
SKYLLA SUPPORT FUND

Individual and Team Registration

TO BENEFIT

SEMPER FI & AMERICA'S FUND

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.

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.

Susan Lewis
@SkyllaSupportFund

venmo

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