

2nd Annual Brooke Settoon Foundation Golf Tournament Play the Tournament

**MONDAY, OCTOBER 26, 2009
GREYSTONE GOLF COURSE**

Denham Springs, Louisiana
1:00 PM Tee Time
(Registration Starts at 11:00 AM)

Four Man Scramble

- ◆ *Awards for Top Three Winning Teams*
- ◆ *Hole-In-One Opportunity*
- ◆ *Longest Drive Contest*
- ◆ *Food, Beer, Door Prizes, and More!*

Player Donation:

**\$125/ Player
\$500/ Team**

(Player Donation includes game and cart fee,
on-course contests, and dinner.)

To register complete the attached registration form and
return no later than October 20th
or register online at:

www.brookesettonfoundation.com

*All proceeds go to **The Brooke Settoon Foundation***

For More Information call (225) 405-0775



BROOKE SETTOON FOUNDATION

www.BrookeSettoonFoundation.com

Email: Charity@brookesettonfoundation.com

Phone: (225) 405-0775

Fax: (225) 667-9188



2nd Annual Charity Golf Tournament

October 26th, 2009

Benefiting the Brooke Settoon Foundation

(Return by October 20th)

Yes, I'd like to participate in the 2nd Annual Brooke Settoon Foundation Charity Golf Tournament on October 26th, 2009.

I'd Like To:

_____ **Play Golf** (\$125.00/ person or \$500/ team)

_____ **Bronze Sponsor** (\$125)
Sponsor will be recognized in program and website

_____ **Silver Sponsor** (\$250)
Sponsor will be recognized on a one-hole sponsorship, recognition in program and website

_____ **Gold Sponsor** (\$500)
Sponsor will be recognized on a one-hole sponsorship sign, name on banner, recognition in program and website

_____ **Corporate Sponsor** (\$1500)
Sponsorship includes a 4-man team, one hole sponsorship sign, name on banner, recognition on event flyers, program, and website.

Full Name: _____
 Business or Organization: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____ Email: _____
 Handicap/ Average Score _____

Total Amount Enclosed:

\$ _____

Please make check payable to **Brooke Settoon Foundation**, or pay by Credit Card online at:

brookesettonfoundation.com

	Teammate Pays	I Will Pay
Teammate #1: _____	<input type="checkbox"/>	<input type="checkbox"/>
Teammate #2: _____	<input type="checkbox"/>	<input type="checkbox"/>
Teammate #3: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ I do not have a team and would like to be placed on a team.		

Please mail completed registration form and payment to:

The Brooke Settoon Foundation
P.O. Box 80632
Baton Rouge, LA 70898