

PVF Don Caffee Memorial Scholarship Fund Golf Tournament

Where: **Longwood Golf Club**
Date: **September 20, 2010**
Tee Time: **Shotgun Start @ 12:30**
Format: **4-person Scramble**



Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Registration fee is per player and includes dinner, golf cart, practice balls, prizes & more.

Registration Fee: # of players x \$100 \$_____ (Please pay with credit card or send check.)

Total amount enclosed or charged to credit card: \$_____

Type of Card: Visa Mastercard American Express Discover

Name as it appears on card: _____

Credit Card #: _____ Expiration Date: _____ Security Code: _____

4-some Team Member Names:

#1 _____ #3 _____

#2 _____ #4 _____

Hole Sponsor \$100

Donation \$_____

(All fees are considered tax deductible 5013C Charitable Donation.)

Please make checks payable to:

PVF Roundtable
PO Box 15504
Houston, TX 77220-5504

For questions, please call:

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email: tpettit@pipingequipment.com
713.947.9393