



Breathing Up to Par
GOLFER REGISTRATION FORM

Please return by mail no later than **August 9, 2008**, a completed registration form with your entry fee of \$100 per individual golfer or \$375 per foursome. If you are paying by check, please make your check(s) payable to **Breath of Hope Foundation, Inc.** Or to pay by credit card, please fill in your information in the spaces provided. *INDIVIDUAL & FOURSOME ENTRIES ARE ONLY SECURED WITH PAYMENT.* Thank you.

PAYMENT INFORMATION: VISA___ MC___ AMEX___ DISCOVER___
Card#: _____ Exp. Date: ____/____/____ Sec. Code: _____

Name on Card: _____ Signature: _____

Houston National Golf Course, Saturday August 16, 2008. 8:00 a.m. Shotgun Start

TEAM
CAPTAIN: _____
Day Phone _____
Company _____
Address _____
City/State/Zip _____
E-Mail _____

PLAYER #2 : _____
Day Phone _____
Company _____
Address _____
City/State/Zip _____
E-Mail _____

PLAYER #3 : _____
Day Phone _____
Company _____
Address _____
City/State/Zip _____
E-Mail _____

PLAYER #4 : _____
Day Phone _____
Company _____
Address _____
City/State/Zip _____
E-Mail _____

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