



*Sixth Annual
Scholarship Golf Tournament*

Friday, April 11, 2014 Shotgun Start: 1:30 p.m.
The Republic Golf Club Four Man Scramble

Registration Form

____ Entry Fee: \$100 per person
Total Enclosed: _____

____ Sorry, I cannot attend, but my charitable contribution of
\$ _____ is enclosed.

Please make checks payable to:
Brackenridge High School Alumni Association

Player #1: Name: _____
Phone: _____ Email: _____
Alumni: ____ Yes ____ No If yes, Class of _____

Player #2: Name: _____
Phone: _____ Email: _____
Alumni: ____ Yes ____ No If yes, Class of _____

Player #3: Name: _____
Phone: _____ Email: _____
Alumni: ____ Yes ____ No If yes, Class of _____

Player #4: Name: _____
Phone: _____ Email: _____
Alumni: ____ Yes ____ No If yes, Class of _____

Guest Registration \$10 per person

Name(s): _____

Total enclosed for Guest(s): _____

MAIL TO: Brackenridge High School Alumni Association
271 Grobe Rd. San Antonio, TX 78220 (210) 337-2310
Thank you for your support!