

## ENTRY FORM (Continued)

Your Team's/Organization's Name & contact phone #:

Names of Team Members:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please send this entry form and check to:  
(check made payable to 'Crosby Care') at:



CLOTHE A CHILD GOLF BENEFIT  
PO BOX 975  
CROSBY, TX 77532

*Crosby Care thanks you for your generous sponsorship  
and concern for underprivileged children in your  
community.*

# Clothe -A- Child



NEEDS YOU...

## Crosby Care's

## Annual Benefit Golf Tournament

## October 1, 2011



