



**2011  
SPIKES & SPURS  
GOLF CLASSIC**

**The Wilderness  
Lake Jackson, Texas  
August 5, 2011**

**TEE OFF AT 12:30 P.M.**

DEADLINE FOR ENTRIES August 1, 2011

**4 PLAYER SCRAMBLE**

Prizes for 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> Places;  
Prizes for closest to the pin & longest drive

**\$75 PER PLAYER**

INCLUDES GOLF, 1/2 CART, TEE GIFTS, DRINKS &  
BUFFET LUNCH. LIMITED TO THE FIRST 25 TEAMS.

REGISTRATION 11 A.M. – 12:45 P.M.  
LUNCH 11:30 A.M. – 12:30 P.M.  
DRIVING RANGE 11 A.M. – 12:45 P.M.

**TOURNAMENT SPONSORSHIP**

• **PLATINUM SPONSOR**

\$750 DONATION INCLUDES GOLF FOR 8 PLAYERS, TEE BOX SIGN, ALL 8 PLAYERS RECEIVE SAME PACKAGE: GOLF CART (4), GREEN FEE, 2 MULLIGANS AND DRINKS DURING THE TOURNAMENT.

• **GOLD SPONSOR**

\$450 DONATION INCLUDES GOLF FOR 4 PLAYERS, TEE BOX SIGN, GOLF CART (2), GREEN FEE AND DRINKS DURING THE TOURNAMENT.

• **SILVER SPONSOR**

\$300 DONATION INCLUDES GOLF FOR 2 PLAYERS, TEE BOX SIGN, GOLF CART (2), GREEN FEE AND DRINKS DURING THE TOURNAMENT.

• **BRONZE SPONSOR**

\$100 DONATION INCLUDES INDIVIDUAL OR COMPANY NAME ON TEE BOX SIGN (hole sponsor)

*For information call the BCFA Office at  
979-849-6416*

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**HOLE SPONSOR**

NAME \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_

AMOUNT ENCLOSED \$  
\_\_\_ PLATINUM \_\_\_ GOLD \_\_\_ SILVER \_\_\_ BRONZE

\_\_\_ SORRY, I AM NOT ABLE TO PLAY IN YOUR  
TOURNAMENT, BUT PLEASE ACCEPT MY  
DONATION OF \$ \_\_\_\_\_

VISA/MC/AMEX ACCEPTED  
# \_\_\_\_\_ EXP. \_\_\_\_\_

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**MAIL FORM TO:  
BRAZORIA COUNTY FAIR ASSOCIATION  
P.O. BOX 818  
ANGLETON, TX 77516-0818**

**2011 BCFA  
SPIKES & SPURS  
GOLF CLASSIC**



**ENTRY FORM**

**INDIVIDUAL/TEAM**

PLAYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PHONE \_\_\_\_\_ HANDICAP \_\_\_\_\_

PLAYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PHONE \_\_\_\_\_ HANDICAP \_\_\_\_\_

PLAYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PHONE \_\_\_\_\_ HANDICAP \_\_\_\_\_

PLAYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PHONE \_\_\_\_\_ HANDICAP \_\_\_\_\_