

Presented by:



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12th ANNUAL SCOTT WENZEL MEMORIAL GOLF TOURNAMENT

**Thursday, October 20, 2016, Canyon Springs Golf Club, San Antonio, TX
12:00 PM Registration & Lunch • 1:30 PM Shotgun Start**

Scott was the dream of every parent! He was kind, loving, spiritual and smart...just a great all- American kid. A summer youth mission trip to New Orleans had an incredible spiritual impact on Scott. His involvement with the Youth Missions Team and his desire to come back and serve as a Youth Intern gave rise to the Scott Wenzel Memorial Youth Fund after his tragic, accidental death.



1986-2004

This golf tournament will continue a legacy of service to the youth of San Antonio. Your contributions to this fund will provide scholarships and participation in many other youth events for kids who could not otherwise afford them. They will also help to finish out the new Scott Wenzel Memorial Youth Center.

Please join us this year in continuing this young man's legacy!

TOURNAMENT SPONSORSHIPS	BEFORE SEPT. 29	AFTER SEPT. 29	TOTAL
Gold Sponsor - Eight (8) players (2 teams), sponsorship sign on the tee box or green, recognition at Awards Ceremony, 8 raffle tickets.	\$2,500.00	\$3,000.00	
Silver Sponsor - Four (4) players (1 team), sponsorship sign on the tee box or green, recognition at Awards Ceremony, 8 raffle tickets.	\$1,200.00	\$1,500.00	
Four Person Team Sponsor	\$600.00	\$700.00	
Individual	\$175.00	\$200.00	
Other Sponsorship - Contact Melanie @ (210) 422-0045 - many available			

GOLF REGISTRATION *For online registration please go to scottwenzel.org

Corporate Sponsor/Company Name: _____

Player #1: _____

Email: _____ Phone: _____

Player #2: _____

Email: _____ Phone: _____

Player #3: _____

Email: _____ Phone: _____

Player #4: _____

Email: _____ Phone: _____

PAYMENT INFORMATION *Make Checks Payable to Wenzel Memorial Fund

TO PAY ONLINE: Go to scottwenzel.org **TO PAY BY MAIL:** The Fellowship of San Antonio 23755 Canyon Golf Rd San Antonio, TX 78258

TO PAY BY CREDIT CARD: Please check one: VISA MASTERCARD AMEX DISCOVER

Account #: _____ Expiration Date: _____ Security Code: _____

Name: _____ Tel #: _____

Name exactly as it appears on card

Address: _____

Billing address for card

City: _____ State: _____ Zip: _____

Signature: _____

Please email the completed form to: ScottWenzelYouthFund@gmail.com