



**NINTH ANNUAL WILDLIFE CENTER OF TEXAS
GOLF TOURNAMENT COMMITMENT FORM**

- Team - \$500**
4 golfers
- Individual Player - \$125**

Name: _____

Address: _____

Phone: _____ Email: _____

I am unable to attend. Please accept my donation of \$_____

My check is enclosed (payable to The Wildlife Center of Texas).

Please bill my MasterCard VISA Amex

Name on card: _____ Card number: _____

Signature: _____ Expiration Date: _____ Security Code: _____

PLAYER NAME, PHONE NUMBER and SHIRT SIZE

Player 1. _____

Player 2. _____

Player 3. _____

Player 4. _____

TEAM NAME _____

RETURN WITH PAYMENT TO:

**The Wildlife Center of Texas
Attn: Sharon Schmalz
7007 Katy Rd., Houston, TX 77024**