



Dear Baldwin Friend,

We want to thank you for your interest in participating in this year's Golf Escapade Tournament on **Saturday, April 24, 2010** at the Trump International Golf and Country Club. As you know, proceeds from the tournament benefit the Scholarship Program. ***The cost of each individual player is \$250.00.***

SPECIAL OFFER!!! As an added incentive, if you sign up as a foursome, the cost per player is reduced to \$200 (\$800 total). For this, you **MUST**:

- Sign up as a foursome
- The registered foursome **MUST** play together on tournament day.
- Pay with check, money order, credit card (**Visa / MC only**) or cash
- Payment must be received on or before Friday, March 20th

** Player without a ghin number will play a Callaway flight.

Thursday, April 22, 2010 (6:00 – 8:00pm)

Pre-Registration Cocktail

La Bodega de Méndez

Saturday, April 24, 2010

Breakfast – 7:00am

Shotgun - 8:30am

Lunch / Award Ceremony - 2:00pm

Should there be any additional questions or concerns, contact the Development Office at 720-2421 ext. 244 / 250. Please send the registration form to fax number: 787-790-0619

Sincerely,

A handwritten signature in blue ink, appearing to be 'Jorge Padial', with a horizontal line above it.

Mr. Jorge Padial
Golf Tournament Chair 2010

A handwritten signature in blue ink, appearing to be 'Gertrude Pennock', written in a cursive style.

Mrs. Gertrude Pennock
Events / Alumni Affairs Director

Player Registration Form



Player Name:

Partner Name:

Ghin # / Hcp:

Ghin # / Hcp:

Contact Information:

Contact Information:

Tel: _____

Tel: _____

E-Mail: _____

E-Mail: _____

Player Name:

Partner Name:

Ghin # / Hcp:

Ghin # / Hcp:

Contact Information:

Contact Information:

Tel: _____

Tel: _____

E-Mail: _____

E-Mail: _____

Credit Card Authorization Form (Not Applicable to Foursome special rate)

Company Name: _____

Name on Credit Card: _____

Credit Card #: (Master Card / Visa **only**) _____

Exp. Date: _____ Signature: _____

Amount: _____ Purpose: _____

Telephone/ Cel _____

Total Payment: _____

(Please make check payable to Baldwin School Scholarship Fund)