



Austin Smiles Presents the

5th Annual Golf Tournament

*Thursday, October 16, 2008
Grey Rock Golf Club (formerly Circle C)*

Who: Austin Smiles, The Plastic Surgery Foundation

What: 5th Annual Golf Tournament benefiting Austin Smiles

Where: Grey Rock Golf Club (formerly Circle C)

When: Thursday, October 16, 2008

Join us for a day of golf, prizes, and fun! Registration opens at 11:30 AM and Shotgun start begins at 1:00 PM. A box lunch will be provided to all golfers, as well as an awards dinner at the end of the evening. Raffle prizes, door prizes, and goodie bags will also be given out throughout the day! **Make a hole-in-one and win a ski boat!**

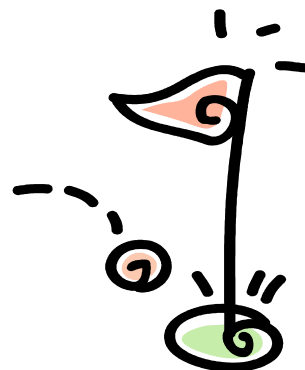
What is Austin Smiles?

Austin Smiles primarily does cleft lip/cleft palate surgeries, burn reconstructive surgeries, and hand surgeries. Austin Smiles was founded 21 years ago and has performed over 5,000 surgeries. Proceeds from the golf tournament provide Austin Smiles the opportunity to continue to provide reconstructive plastic surgery to children in Austin, its 15-county surrounding area and Latin America.

If you are interested in participating in this annual tournament, please contact Kendyl Richards, Executive Director, at 512-451-9300, or by email at kendyl@austinsmiles.org.

Want more info?
[Grey Rock Golf Club](#)

Phone: 512-451-9300
Fax: 512-451-9312
Email: kendyl@austinsmiles.org
Web: www.austinsmiles.org





**Thursday, October 16, 2008
Grey Rock Golf Club (formerly Circle C)
Sponsorship Levels**

\$10,000.00—Medical Missions Sponsor (supports an entire medical mission)

- *one foursome
- *name and logo on ALL promotional materials
- *press release and media recognition
- *logo and name of tourney embroidered on souvenir golf item
- *banner at event
- *recognition at awards dinner
- *souvenir gift bag for each player
- *box lunch
- *awards dinner
- *cars and trucks to be displayed at event
- *materials in gift bag

\$5,000.00—Patients Assistance Fund Sponsor (supports Central Texas Cleft Lip and Palate Team patients in Austin)

- *one foursome
- *logo on promotional materials
- *table at designated area for handouts
- *banner at designated event area
- *recognition at awards dinner
- *souvenir gift bag for each player
- *box lunch
- *awards dinner
- *materials in gift bag

\$2,500.00—Medical Crate Sponsor (provides one medical crate full of supplies)

- *one foursome
- *logo on promotional materials
- *banner at event
- *recognition at awards dinner
- *souvenir gift bag for each player
- *box lunch
- *awards dinner
- *materials in gift bag

\$1,100.00—Medical Team Member Sponsor (sponsors one medical team member on mission)

- *one foursome
- *souvenir gift bag for each player
- *box lunch
- *awards dinner

\$300.00—Smile Sponsor/Hole Sponsor (provides cleft lip surgery to one patient)

- *name of company appears on printed sign at individual hole (18 hole course)
- *materials in gift bag

\$275.00--Individual Golfer

- *box lunch
- *awards dinner
- *materials in gift bag



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Sponsor Registration Form

Your Name: _____

Company Name: _____
(Name as you want it to appear on publications)

Address: _____

_____ Telephone: _____

Sponsorship Level:

- | | | |
|--------------------------|---------|-----------------------------------|
| <input type="checkbox"/> | \$5,000 | Patients' Assistance Fund Sponsor |
| <input type="checkbox"/> | \$2,500 | Medical Crate Sponsor |
| <input type="checkbox"/> | \$1,100 | Medical Team Member Sponsor |
| <input type="checkbox"/> | \$300 | Smile/Hole Sponsor |
| <input type="checkbox"/> | \$275 | Individual Golfer |
| <input type="checkbox"/> | _____ | Other Donation |

VISA/MC/

AMEX # _____ Expiration: _____

Signature: _____

Questions? Call Kendyl Richards, Executive Director
at 512-451-9300.

Return form and checks made payable to Austin Smiles
P.O. Box 26694, Austin, TX 78755-0694.

Fax form with credit card number to 512-451-9312.

Email: kendyl@austinsmiles.org or
Visit www.austinsmiles.org for tournament details.



**Thursday, October 16, 2008
Grey Rock Golf Club (formerly Circle C)**

Contact Name _____
Company name (for publication) _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Email _____

Team Members

1) _____ Phone _____ Email _____
Handicap ____ Course where handicap established _____ Course Phone _____
2) _____ Phone _____ Email _____
Handicap ____ Course where handicap established _____ Course Phone _____
3) _____ Phone _____ Email _____
Handicap ____ Course where handicap established _____ Course Phone _____
4) _____ Phone _____ Email _____
Handicap ____ Course where handicap established _____ Course Phone _____

Please mail or fax to:
Austin Smiles
P.O. Box 26694
Austin, Texas 78755-0694
Fax (512) 451-9312
Email: Kendyl@austinsmiles.org

Please make check payable to: Austin Smiles
OR

Please charge my:
MasterCard / VISA / AMEX
Account number: _____ Exp. Date ____/____
Name on card _____ Security Code _____
Billing Address _____ City _____ State _____ Zip _____

Registration Deadline: Monday, October 13, 2008

QUESTIONS: kendyl@austinsmiles.org or (512) 451-9300