

LEXINGTON HEARING & SPEECH CENTER'S **6TH ANNUAL**

# SOL & GLOW

CHARITY GOLF EVENT | DAY & NIGHT SCRAMBLE

## Presented by Payson Stud

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Come out and play! It's time to register for the **6<sup>th</sup> Annual Lexington Hearing and Speech Center Sol & Glow Charity Golf Event**. This is a one of a kind event that greatly benefits hearing and speech impaired children and families throughout Kentucky.

Join us **Monday, September 21<sup>st</sup>** at **Spring Valley Golf Club** in Lexington.

This outing has something for everyone including:

- 18 hole afternoon scramble (tee-off at 1:30 p.m.)
- 9 hole "glow-ball" night scramble (tee-off at dark)
- Boxed lunch (afternoon players)
- Cocktail reception
- Dinner buffet
- Live and silent auction

**Enter a day team, night team – or both!** By entering a team, you will help the Lexington Hearing and Speech Center in its mission to teach children with hearing, speech and language impairments to listen and talk by providing them with high quality educational, therapeutic, and family support services.

**Complete the attached team registration form. Once your team is registered, you'll receive a detailed confirmation with more information.**

Golf

Eat

Drink

Give

Learn more about Lexington Hearing and Speech Center at [www.LHCKY.org](http://www.LHCKY.org)

# LEXINGTON HEARING & SPEECH CENTER'S 6TH ANNUAL

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CHARITY GOLF EVENT | DAY & NIGHT SCRAMBLE

## Monday, September 21 | Spring Valley Golf Club

2300 Sandersville Road | Lexington

### Registration

- \$400 Day Team - 18 Holes  
 \$400 Night Team - 9 Holes  
 \$600 Combo (same players only)

### Hole Sponsorship

- \$250

**VISA, MasterCard & Discover accepted.**

NAME ON CARD

CARD #

EXP. DATE

### MAKE CHECKS PAYABLE TO:

Lexington Hearing & Speech Center

### MAIL TO:

Lexington Hearing & Speech Center  
Attn: Lori Shepherd  
162 N. Ashland Ave.  
Lexington, KY 40502

**FAX TO:** 859-269-1857

### QUESTIONS?

**Contact Lori Shepherd**

859-268-4545 or  
lori.shepherd@lhsky.org

**Registration Deadline:**

**September 4th or until Sold Out**

### Team Information:

YOUR NAME

COMPANY

ADDRESS

CITY / STATE / ZIP

PHONE

PLAYER 3 NAME

COMPANY

ADDRESS

CITY / STATE / ZIP

PHONE

PLAYER 2 NAME

COMPANY

ADDRESS

CITY / STATE / ZIP

PHONE

PLAYER 4 NAME

COMPANY

ADDRESS

CITY / STATE / ZIP

PHONE

Confirmation details will be sent to your team leader upon receipt of your registration. Please indicate your preferred method of contact:

Email \_\_\_\_\_

(Print email address here)

Mail

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