

LEXINGTON HEARING & SPEECH CENTER'S 7TH ANNUAL

Glow Ball

CHARITY NIGHT GOLF EVENT

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Come out and play! It's time to register for the 7th Annual Lexington Hearing and Speech Center **Glow Ball** Charity Golf Event.

The center is proudly celebrating its 50th anniversary of serving hearing and speech impaired children and their families. Returning golfers will note that we have gone back to our original **Glow Ball** format this year with a night-only scramble.

Join us **Thursday, August 19** at **Spring Valley Golf Club** beginning at **6:00 p.m.** for an evening of golf, food and fun including:

- Cocktail reception and appetizer buffet
- Live and silent auction
- 9 hole **Glow Ball** night scramble (tee-off at dark)

Enter a team today! 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.

Register online at www.lhscky.org... OR complete the form on the back of this sheet and fax or mail it using the contact information provided.

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.LHSCKY.org

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CHARITY NIGHT GOLF EVENT



Thursday, August 19 | Spring Valley Golf Club

2300 Sandersville Road | Lexington

REGISTER ONLINE AT
WWW.LHSCKY.ORG
or complete this form

Registration

\$500 Per Team - 9 Holes

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@lhscopy.org

Registration Deadline:

August 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 _____

Mail _____ (Print email address here)