



In 1989 , the Troop C Grant-A-Wish Program was formed to provide funding and resources so that children with a terminal or life-threatening illness could take trips , meet celebrities, or purchase other items that their families might not otherwise be able to afford.

The Grant-A-Wish Program is funded through private donations, partnerships with the local business community, and the annual Troop C Grant-A-Wish Golf Tournament. The Troop C Grant-A-Wish Program is a private, non-profit corporation with the following criteria:

The child must be between the ages of 1 and 18;

The child must reside in the parishes of Assumption, Lafourche, St. James, St. John or Terrebonne Parishes, or the town of Grand Isle;

The child must have a written diagnosis of a terminal or life-threatening illness from a doctor; and

An approved application reviewed by the Grant-A-Wish Board of Directors.



Troop C Grant-A-Wish

P.O. Box 607

Schriever, LA 70395

18th Annual Troop C Grant-A-Wish Golf Tournament



October 16, 2017



*Wishes can
come true!*

18th Annual

Troop C Grant-A-Wish Golf Tournament

October 16, 2017

Ellendale Country Club - Houma, LA

Circle Tee Time: Blue Group 7:00 AM Gold Group 12:30 PM

_____ \$1600.00 "BLUE & GOLD" Sponsorship (Entry Fee, Sponsor's Banquet and Grant-A-Wish advertisements)

_____ \$500.00 Per Team (\$125.00 per player)

_____ \$100.00 Hole Sponsorship

_____ **TOTAL AMOUNT DONATED**

Method of Payment:

Check (Payable to: Troop C Grant-A-Wish, P.O. Box 607, Schriever, LA 70395)

Credit Card    

Card Number

Expiration (MM/YY)

CVV or Security Code

Billing Zip Code

Email Address or Mobile Phone Number for Receipt

Inquiries:

Captain Mark Richards

Tournament Director

(225) 456-0664

mark.richards@la.gov

TOURNAMENT USE ONLY

Amount Paid

Check/Trans. No.

Hole Assignment

COMPANY or TEAM Name

**TEAM
CAPTAIN**

1. Name _____ Phone _____

Address _____ City/State _____

2. Name _____ Phone _____

Address _____ City/State _____

3. Name _____ Phone _____

Address _____ City/State _____

4. Name _____ Phone _____

Address _____ City/State _____

ENTRY DEADLINE: October 9, 2017