



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**

## 19<sup>th</sup> Annual Troop C Grant-A-Wish Golf Tournament



**October 15, 2018**



*Wishes can  
come true!*

19<sup>th</sup> Annual

# Troop C Grant-A-Wish Golf Tournament

October 15, 2018

Ellendale Country Club - Houma, LA

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

**TOURNAMENT USE ONLY**

Amount Paid  
Check/Trans. No.  
Hole Assignment

\_\_\_\_\_ \$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



Troop C Grant A Wish  
[@tcgaw](#)

Inquiries:

Captain Mark Richards

Tournament Director

(225) 456-0664

[mark.richards@la.gov](mailto:mark.richards@la.gov)

**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 8, 2018**