

HOUSTON PRODUCERS' FORUM 17TH ANNUAL GOLF TOURNAMENT

Dear Houston Producers' Forum Member:

We are offering you an opportunity to sponsor the 17th Annual Houston Producers' Forum Golf Tournament. This year's event will be held on **Thursday, October 14, 2010** at Cypresswood Golf Club. The tournament was a great success last year due to everyone's hard work and the generous support of our sponsors. We are actively seeking sponsors for each of the opportunities listed below. With your sponsorship you will receive sponsor sign recognition at registration and dinner, playing spots, as well as the chance to promote your business to the more than 250 participants. **Also, sponsors receive priority for course assignments at Cypresswood Golf Club.**

- | | |
|--|--|
| (4) Dinner Sponsor~ \$4,000 + Foursome | (6) Beverage Carts ~\$2,000 + Foursome ~ SOLD |
| (4) Lunch Sponsor ~ SOLD | Hole Sponsors ~ \$500 + 1 spot |
| (2) Hat Sponsor ~ SOLD | (4) Long Drive Sponsors ~ \$250.00 |
| (4) Driving Range ~ \$2,500 + Foursome | (4) Closest to the Pin Contest ~ \$250.00 |
| (4) Awards ~ \$2,000 + Foursome | |

Type of sponsorship: _____

Method of Payment:

My check is enclosed: _____ (Payable to HPF)

Credit Card: MasterCard _____ Visa _____ Amex _____

Number: _____ Expiration Date: _____

Name on Card: _____

***** Name, as you want it to appear on signage: *****

Committee: Charles Grube (Chairman), Partner – Hein & Associates LLP (713-850-9814)
 Scott Rice, VP – Riverbend Exploration & Production LLC (713-874-9000)
 Mark Teshoian, VP – Kayne Anderson (713-493-2005)
 Jon Goddard, SR VP – Macquarie Tristone (713-651-4233)

We appreciate the support of the following Sponsorship Commitments to date:



Please return sponsorship and registration form with payment to Sharon Black, Houston Producers' Forum, 11152 Westheimer, Suite 806, Houston, Texas 77042, fax: 713/783-2298; email: sblackhpf@gmail.com

**HOUSTON PRODUCERS' FORUM
17TH ANNUAL GOLF TOURNAMENT
REGISTRATION FORM
Thursday, October 14, 2010**

Sponsor's Team or Individual Registration

1. Name _____ Handicap _____
Company Name _____
Business Address _____
Phone # _____ Fax # _____
E-mail _____

2. Name _____ Handicap _____
Company Name _____
Business Address _____
Phone # _____ Fax # _____
E-mail _____

3. Name _____ Handicap _____
Company Name _____
Business Address _____
Phone # _____ Fax # _____
E-mail _____

4. Name _____ Handicap _____
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