



21st Annual Golf Tournament
REGISTRATION FORM
The Ensemble Theatre is a 501(c)(3) nonprofit organization.

Entry Deadline:

**Friday,
September 26, 2025**

Golf Tournament Date:

**Monday,
October 13, 2025**

Please return to the following address:

The Ensemble Theatre
3535 Main Street, Houston, Texas 77002
713.520.0055 • ensemblehouston.com

Golf Tournament Location:

Northgate Country Club
17110 Northgate Forest Dr. Houston, Texas 77068
281.440.1223

Company or Individual Name *(please print)*: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____ Fax: _____

E-Mail: _____

SPONSORSHIPS *(please check one):*

Please review additional details in attached brochure.

____ Title Sponsor Pkg. - \$25,000 includes four (4) foursomes

____ Presenting Sponsor Pkg. - \$15,000 includes two (2) foursomes

____ Dinner Sponsor Pkg. - \$10,000 includes one (1) foursome

____ Director Tee Sponsor Pkg. - \$5,000 includes two (2) foursomes

____ Auto Dealership Sponsor Pkg. - \$5,000 includes one (1) foursome

____ Vendor Sponsor Pkg. - \$3,500 includes one (1) foursome

____ Playwright Sponsor Pkg. - \$2,500 includes one (1) foursome

____ Guest Star Tee Sponsor Pkg. - \$1,500 includes one (1) foursome

____ I am unable to participate in the tournament, but enclosed is my donation of \$ _____

____ Additionally, my company or I would like to contribute the following item(s) to the tournament as silent auction donations or door prizes.

SPONSORSHIPS *(continued)*

____ Foursome Sponsor Pkg. - \$1,200 *(without signage)*

____ Beverage Cart Sponsor Pkg. - \$1,000 *(per 9 holes)*

____ YPP Scholarship Pkg. - \$700
(for one (1) student, non-golfer package)

____ Artist Tee Sponsor Pkg. - \$600
(individual player spot and signage)

____ YPP Partial Scholarship Pkg. - \$400
(for one (1) student, non-golfer package)

____ Special Advertiser Sponsor Pkg. - \$400 *(signage only)*

PAYMENT *(please print)*

My check for \$ _____ is enclosed made payable to: The Ensemble Theatre. The Ensemble Theatre will send a receipt upon payment. All contributions are tax deductible to the fullest extent of the law.

Please charge my credit card (check one): _____ MasterCard _____ Visa _____ Discover _____ American Express

Credit Card Number: _____ Expiration Date: _____ Verification Code: _____

Signature: _____

PLAYER NAME *(please print)*

1. _____ Golf Handicap/Avg. Score: _____ 5. _____ Golf Handicap/Avg. Score: _____

2. _____ Golf Handicap/Avg. Score: _____ 6. _____ Golf Handicap/Avg. Score: _____

3. _____ Golf Handicap/Avg. Score: _____ 7. _____ Golf Handicap/Avg. Score: _____

4. _____ Golf Handicap/Avg. Score: _____ 8. _____ Golf Handicap/Avg. Score: _____