

DREAM Program 5th Annual Charity Golf Tournament

History

Hello! My name is Troy Trigg! My wife, Lindsay and I are residents of Gautier and grew up in Jackson County. We have started a program that offers many recreational and leisure opportunities for people with and without disabilities in Jackson County. We have found that this program is greatly needed and has been rewarding for all involved.

The Dream Program started in June 2006 with Unified Softball. Since then we have added Unified Flag Football, Basketball, Bowling and a Arts and Crafts class. In order for this program to be successful we need volunteers in many ways from time to contributions. Our primary fundraiser for this program is our annual golf tournament. Check us out at www.dreamprogram.net.

TAKE A SWING!

Your help is needed now! By playing in our annual golf tournament you are taking a swing at improving our community. We are looking for teams to play a 3 person scramble, win prizes, help the community, and have fun. If you are unable to acquire a team of three, sign up individually and we will create teams according to handicaps. Below you will find the entry fee form. Please fill out the entry form and send the fee and form to the address provided. You can call Troy at anytime for further information at **228-327-5687**.

You don't play golf? Well, we still need your help in many ways!

We are looking for:

- ✓ Volunteer coaches
- ✓ Volunteer Players
- ✓ Board members
- ✓ Donations
- ✓ Hole Sponsorship for Golf Tournament

If you would like to receive more information about the listed programs and opportunities please send this form.

DREAM program 5th Annual Golf Tournament and Related Opportunities

List player names and handicaps: *(Return bottom of this form with entry fee!)*

Player 1 _____

Player 2 _____

Player 3 _____

_____ I have included our entry fee of \$ _____

_____ I do not play golf but would love to here more about the DREAM program and related opportunities -please ___mail and/or___email me with calendars and newsletters.

Contact name _____ Address _____
email _____ Phone # _____