

# 9TH ANNUAL GLENN OTERO MEMORIAL GOLF TOURNAMENT

PRESENTED BY TURN SERVICES AND BENEFITING CHILDREN'S HOSPITAL





Turn Services cordially invites you to participate in our 9th Annual Glenn Otero Memorial Golf Tournament benefiting Children's Hospital of New Orleans. Our annual golf tournament is named in memory of Glenn Otero, a Port Captain at Turn Services who inspired everyone who knew him. Unfortunately, Glenn lost a long fought battle with cancer in 2011. We could not think of a better way to honor Glenn's memory than by continuing the fundraiser named in his honor.

Children's Hospital is a not-for-profit pediatric medical center offering a complete range of healthcare services for children from birth to 21 years in Louisiana and the Gulf South. For the second year in a row, tournament proceeds will help provide funding for the construction of a new Child and Adolescent Behavioral Health Center which will be built on the State Street Campus. The facility will provide inpatient acute treatment for children ages 8-17. Treatment will be provided by a multidisciplinary team whose goal is to provide each child with core skills and resources to assist with their ongoing health and well-being following discharge.

This year, we will have exciting additions to make it the ultimate golf experience. Following our previous tradition, we will have a morning and an afternoon flight. The tournament will be held on Thursday, March 21, 2019 at the Lakewood Golf Club. Lunch will be served beginning at 11:30 a.m. We encourage past winners to wear their orange jackets and assist in the presentation of awards to this year's winners.

With your help and generosity, we look forward to this day being an amazing success! To participate, please complete the attached registration form or register online at [turnservicesgolf.eventbrite.com](http://turnservicesgolf.eventbrite.com). If you are looking for a volunteer opportunity, please let us know on the registration form. If you wish to simply make a donation, please do so using the same form. Donations for ditty bags will be greatly appreciated.

 **DATE**  
Thursday, March 21, 2019

 **FORMAT**  
Four Man Scramble      Shotgun Start

 **TIME**  
Morning Flight Registration: 7AM  
Morning Flight Tee Off: 8AM  
Tournament Store: 10AM-2PM  
Lunch: 11:30AM-1PM  
Afternoon Flight Registration: 12PM  
Afternoon Flight Tee Off: 1PM

 **LOCATION**  
Lakewood Golf Club  
4801 General de Gaulle Drive  
New Orleans, LA 70131  
504.373.5926

 **REGISTRATION DEADLINE**  
Friday, March 8, 2019


 **ENTRY FEE**  
\$1250 per Team.  
Entry Fee Includes: Cart, Green Fees, Breakfast and Lunch Refreshments and \$125 Gift Certificate to the Tournament Tent.

# 9th Annual Glenn Otero Memorial Golf Tournament – Team Registration Form

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Register Online at  
[turnservicesgolf.eventbrite.com](http://turnservicesgolf.eventbrite.com)  
OR Mail Registration Form with payment to:  
Glenn Otero Memorial Golf Tournament  
Attention: Dawn Lopez  
3333 Chartres Street, New Orleans, LA 70117

**All proceeds benefit Children's Hospital.**  
Make checks payable to Children's Hospital. Children's Hospital's Tax ID# is 72-0467503.  
Please do not mail registration form and checks directly to Children's Hospital.  
For questions, contact Dawn Lopez at 504.934.4657 or email at [dlopez@turnservices.com](mailto:dlopez@turnservices.com).

COMPANY NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

YES, I would like to sponsor a **Team** (Please list players) \_\_\_\_\_ **\$1250**

1<sup>ST</sup> NAME \_\_\_\_\_ 2<sup>ND</sup> NAME \_\_\_\_\_

3<sup>RD</sup> NAME \_\_\_\_\_ 4<sup>TH</sup> NAME \_\_\_\_\_

\*Flight Preference :  Morning Flight  Afternoon Flight (\*Preference of flight is not guaranteed.)

YES, I would like to volunteer  Morning Flight  Afternoon Flight

YES, I would like to purchase a **Hole Sponsorship**  with team **\$150** \_\_\_\_\_  without team **\$250**

YES, I would like to donate **raffle items** (Please list) \_\_\_\_\_

YES, I would like to donate **ditty bag items** (List item, 250 needed) \_\_\_\_\_

NO, I cannot attend but I would like to send a **donation** \_\_\_\_\_ \$ \_\_\_\_\_

CHECK ENCLOSED. Make checks payable to Children's Hospital but mail with registration to Turn Services.

CREDIT CARD: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_