



THE HOUSTON CHEMICAL ASSOCIATION

FALL Golf Outing

Monday, October 26, 2026

Augusta Pines Golf Club

**18 Augusta Pines Drive; Spring, TX 77389
281-290-1910**

****TEE-OFF @ 8:30 A.M.****

SIGN UP & JOIN US FOR A FUN DAY of GOLF!

COST: \$200 per Golfer

- **FORMAT:** 4-man Scramble- Handicapped- Shotgun Start
- Breakfast treats & coffee will be provided before the outing.
- A hearty lunch will be provided after the outing.
- HCA volunteers will be driving golf carts & provide drinks at no cost.
- HCA volunteers will provide an assortment of snacks at no cost.
- Snacks from Augusta Pines' Beverage Wagon will be the golfer's responsibility to pay.
- Awards & door prizes will be awarded/given after the event.
- Golfers must be present to win door prizes.
- To register & make payment, please click on the link <https://houstonchemical.org/> (it'll take you directly to the HCA homepage). You may also pay with a check. If paying with check, please mail to the address below & do not forget to include the registration form:

Houston Chemical Association (or HCA)
c/o - Mary Martinez
12436 FM 1960W; PMB# 158
Houston, Texas 77065-4809

If any questions, email to marymartinezhca@gmail.com or call 281-507-7492.

SPONSORSHIPS:

1. Hole Sponsorships - \$175.00/hole.
2. Beverage Cart Sponsorships - \$250.00/cart.
3. Tent Sponsorships - \$350.00/tent.

ALL PROFITS BENEFIT OUR SCHOLARSHIP PROGRAM SO PLEASE DONATE / BE A SPONSOR!

Payment & Registration Must Be Received by Tuesday, October 20, 2026.

NO REFUNDS AFTER TUESDAY, October 20, 2026!

HOUSTON CHEMICAL ASSOCIATION
GOLF REGISTRATION FORM (GOLF DATE- October 26, 2026)
DEADLINE TO REGISTER: TUESDAY, October 20, 2026

Member Name: _____

Company Name: _____

Contact Number: _____

E-mail Address: _____

Golfer(s) Name(s): _____

Handicap(s): _____

\$200 per Golfer x _____

\$ _____

Sponsors: **\$175** per hole x _____ hole(s)

\$ _____

\$250 per beverage cart x _____ cart(s)

\$ _____

\$350 per tent sponsor x _____ tent

\$ _____

Donation only (if not golfing):

\$ _____

TOTAL:

\$ _____

NOTE: Please add \$5.00 to the total amount if paying by credit card

\$ _____

TOTAL:

\$ _____

IMPORTANT: Number of Persons in the team attending Lunch after event _____

If paying with check, please make payable & mail with registration form to:

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12436 FM 1960W; PMB #158 Houston, Texas 77065-4809

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