

What is Hemophilia?

Hemophilia is a genetic disease that affects 1 in every 5,000 males. A similar disorder, von Willebrand disease, affects 1-2% of the male and female population equally. These disorders can result in spontaneous and/or prolonged bleeding because a clotting factor protein, such as factor 8 or 9, is completely lacking or does not function properly. Treatment for hemophilia and other bleeding disorders is currently possible through intravenous infusions of the missing protein, most often with a factor concentrate, which can cost in excess of \$250,000 per year! Currently, there is no cure for these diseases.

IT'S MORE THAN MANY FAMILIES CAN BEAR ON THEIR OWN. BECAUSE OF TEXCEN, THEY DON'T HAVE TO.

Founded in 1965, the Texas Central Hemophilia Association, or "TexCen", is a private, non-profit organization serving those affected by bleeding disorders in North Texas. TexCen provides education, advocacy and support services such as summer camp, emergency assistance grants, internship programs, education seminars, family events and an annual statewide symposium. TexCen also promotes research for a cure.

TEXAS CENTRAL HEMOPHILIA ASSOCIATION

12700 HILLCREST RD, STE 191
DALLAS, TX 75230
WWW.TEXCEN.ORG
EMAIL: MAIL@TEXCEN.ORG
972-386-3865
FAX 972-386-4211

Texas Central Hemophilia Association
12700 HILLCREST RD., STE. 191
DALLAS, TX 75230

24TH ANNUAL TEE IT UP WITH TEXCEN GOLF TOURNAMENT

IN MEMORY OF
GREG MCKINNEY

Monday, September 30, 2019

**LANTANA GOLF CLUB
800 GOLF CLUB DR.
LANTANA, TEXAS 76226
(940) 728-4653**

*All proceeds benefit
Texas Central Hemophilia Association*

EVENT INFORMATION

18-HOLE "BEST BALL" SCRAMBLE

- LONGEST DRIVE HOLE
- CLOSEST TO-THE-PIN
- GAME HOLES

EACH GOLFER RECEIVES

- BOX LUNCH, BEVERAGES AND DINNER
- ONE TICKET FOR RAFFLE DRAWING

EVENT SCHEDULE

18-HOLE "BEST BALL" SCRAMBLE

- 1 1:00AM REGISTRATION BEGINS
DRIVING RANGE OPEN (COMPLIMENTARY)
- 1:00PM SHOTGUN START (BOX LUNCH PROVIDED)
- 6:00PM DINNER AND AWARDS

Remembering Greg McKinney

Greg McKinney was born in Pennsylvania in 1962. He was diagnosed with Severe Hemophilia A and hospitalized seven times before the age of 10. In 1972, he and his family moved to Texas. He was a graduate of Berkner High School in Richardson, attended Richland College and worked for Sears. Greg's parents were very active with the Texas Central Chapter. Greg was diagnosed with HIV in January of 1987. He passed away March 26, 1989.

This golf tournament was founded in 1996 by Kerry Brooks to honor the service and dedication of Greg's parents, Bill and Clara McKinney, and as a way to remember Greg.

Funds raised will go towards helping Texas Central Hemophilia achieve its mission, to help send boys diagnosed with hemophilia to a week-long summer camp, to provide support to affected families, and to support the Greg McKinney Scholarship Program.

EVENT REGISTRATION

Company Name: _____

Team Contact or Individual Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

E-mail: _____

TYPE OF SPONSORSHIP

_____ BLUE TEES SPONSOR (2 TEAMS OF 4- LOGO ON 2 TEE BOXES-NEWSLETTER AND WEBSITE RECOGNITION) **\$3,000**

_____ WHITE TEES SPONSOR (1 TEAM OF 4, LOGO ON 1 TEE BOX-NEWSLETTER AND WEBSITE RECOGNITION) **\$2,250**

_____ RED TEES SPONSOR (CORPORATE 4-SOME- NEWSLETTER AND WEBSITE RECOGNITION) **\$1,500**

_____ TEAM OF 4 (NON-INDUSTRY) **\$600**

_____ DISCOUNTED REGISTRATION FOR TEXCEN MEMBERS WITH A BLEEDING DISORDER **\$100**

_____ INDUSTRY INDIVIDUAL PLAYER REGISTRATION **\$250**

_____ INDIVIDUAL PLAYER (NON-INDUSTRY) REGISTRATION **\$175**

_____ HOSPITALITY SPONSOR **\$500 - \$1,000**

_____ KICK OFF EVENT ONLY THE NIGHT BEFORE **\$800**

TYPE OF PAYMENT

PLEASE MAKE CHECKS PAYABLE TO: **TEXAS CENTRAL HEMOPHILIA ASSOCIATION**

(FOR TEAM SPONSORS AND INDIVIDUAL PLAYERS, CONTRIBUTIONS OVER THE FAIR MARKET VALUE OF \$125 PER PERSON ARE TAX DEDUCTIBLE.)

_____ CHECK INCLUDED! \$ _____

_____ MASTERCARD _____ VISA _____ AMEX _____ DISCOVER

YOU MAY PAY ON-LINE VIA PAYPAL AT WWW.TEXCEN.ORG OR
CALL THE OFFICE (972)386-3865

EVENT REGISTRATION

1. **Player Name:** _____

Address: _____

City, State, ZIP: _____

Phone: _____ E-mail: _____

2. **Player Name:** _____

Address: _____

City, State, ZIP: _____

Phone: _____ E-mail: _____

3. **Player Name:** _____

Address: _____

City, State, ZIP: _____

Phone: _____ E-mail: _____

4. **Player Name:** _____

Address: _____

City, State, ZIP: _____

Phone: _____ E-mail: _____