



14th Annual TAAP Golf Tournament

As part of the 52nd Annual State TAAP Conference on Addiction Studies

Tuesday, September 8, 2026 - 8:00 a.m. Shotgun Start

Registration begins at 7 a.m.

Hill Country Golf Club at the Hyatt Regency Hill Country Resort and Spa

The Hill Country Golf Club is a 27-hole course carved out of the Texas Hill Country landscape promising a challenging and rewarding golf adventure. Set on 300 lush acres, the golf club offers a diverse terrain, with rolling meadows, steep hillsides, wooded ravines, tree-shaded plateaus and the tranquil threat of lakes and ponds.

Hill Country Golf Club is an unforgettable golf experience in San Antonio, Texas.

Tournament Registration

Category

Single Golfer/Golfers

Team of 4 Golfers

Hole Sponsor

Hole Sponsor with Team of 4 Golfers

Cost

\$150/person

\$600

\$150/hole or \$250/2 holes

\$700/hole

Benefits

See benefits below

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Sponsor sign at tee box, listed in sponsor acknowledgments

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Benefits for all golfers include...

- ◇ Golf and cart
- ◇ Access to locker rooms and showers
- ◇ VIP parking and bag handling
- ◇ 15% discount on all merchandise purchased in pro shop day of tournament
- ◇ Unlimited access to practice areas and driving range prior to tournament start



Indicate category and enclose payment. You may register a single golfer, golfers, a team, or a hole sponsor or team/hole sponsor.

_____ \$ 600 Team of 4 Golfers

_____ \$150 Hole Sponsor

_____ \$ 700 Team of 4 Golfers + Hole Sponsor

_____ \$ 250/2 Hole Sponsor

_____ \$150 for Single Golfer or \$_____ for _____ Golfers

Golfer #1 _____ Handicap _____ Email _____

Golfer #2 _____ Handicap _____ Email _____

Golfer #3 _____ Handicap _____ Email _____

Golfer #4 _____ Handicap _____ Email _____

Name on sign for Hole Sponsor _____

Payment Information

() Enclosed is my check (payable to TAAP) Check # _____

For Credit Card Payment, Please FILL OUT THE FOLLOWING INFORMATION:

Card # _____ () VISA () MasterCard () Discover () AMEX

Name on Card _____ Exp. Date _____ CVV _____

Billing Address _____ City/State/Zip _____

Authorized Signature _____

