16th Annual BASOC Celebrity Golf Classic Reservation Form **LOCATION** Stanford Golf Course DATE: Monday, July 23, 2018 91 Links Rd. Stanford, CA 94305 **FORMAT:** Modified Scramble **FEE:** \$2,500 per foursome (includes: green fee, cart, contests, tee prizes, beverages, lunch, awards reception and contribution) Individual - \$650 per golfer SCHEDULE 9:30 a.m. Registration Opens, Putting Contest & Driving Range Barbeque luncheon 11:00 a.m. 12:00 a.m. Shotgun Start Reception & Golf Awards 5:00 p.m. For more information, please call BASOC -Helen Mendel or Anne Cribbs at (650.323.9400) PLEASE PRINT AND COMPLETELY FILL OUT ALL OF THE INFORMATION Team Captain Name: Home Phone: Work ____ Your golf hndcp/ (index) :_____ City:_____Zip:_____ Address: Shirt Size: M___ L__ XL__ XXL__ E-mail Yes, I want a Company golf foursome for \$2,500 \$_____ Individual golf entry @ \$650 per player Yes, we are interested in a Corporate Sponsorship GRAND TOTAL: \$ Please make checks payable to: Bay Area Sports Organizing Committee Tax ID # 94-3052945 Charge my credit card: VISA MC ONLY! Exp. Date: / Security Code____ Card#____ Billing Zip Code_____ Name and Signature as it appears on card: GOLFERS IN YOUR FOURSOME (please include e-mail addresses so event confirmation & information can be sent) 2. Golfer/Name: Cell Phone: Cell Phone: Your golf hdcp/index:_____ Company: E-Mail Address SHIRT SIZE: M__ L__ XL__ XXL__ Home Phone:______ Cell Phone:_____ 3. Golfer/Name: Your golf hdcp/index:_____ Company:____ E-Mail Address SHIRT SIZE: M__ L__ XL__ XXL__ Home Phone: _____ Cell Phone: _____

Golf handicap/index is needed for tournament competition. Thank you.

Your golf hdcp/index:

Mail reservation form and payment to: Or FAX this form to: (650) 323.9403

SHIRT SIZE: M__ L__ XL__ XXL__

E-Mail Address:

4. Golfer/Name:

Company:

Bay Area Sports Organizing Committee (BASOC) c/o 2275 East Bayshore Rd. Suite 115, Palo Alto, CA 94303