

# 9<sup>th</sup> Annual BASOC Celebrity Golf Classic Reservation Form

**DATE:** **Monday,  
September  
20,2010**

**LOCATION** CordeValle Resort  
One CordeValle Drive  
San Martin, CA

**FORMAT:** Modified  
Scramble

**FEE:** \$2,500 per foursome (includes: green fee, cart, contests, tee prizes, beverages, lunch, awards reception and contribution)  
Individual \$750 per golfer

**SCHEDULE** 10:00 a.m.  
11:15 a.m.  
12:30 p.m.  
5:00 p.m.

Registration Opens, Putting Contest & Driving Range  
BBQ Lunch & Celebrity Team "Draft"  
Shotgun Start  
Reception & Entertainment, Short Live Auction, Golf Awards

*For more information, please call BASOC Marketing Director Helen Mendel at (925-426-0276)*

**PRINT PLEASE COMPLETELY FILL OUT ALL OF THE INFORMATION. PRINT PLEASE**

Golfer/Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Company: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Your golf hndcp/ (index) : \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Shirt Size:** M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ **E-mail** \_\_\_\_\_

<b>Reception ONLY Guests \$75 per person</b>
Guest Name: _____ Guest Name: _____ Guest Name: _____

<b>Yes, I want a Company golf foursome for \$2,500</b>	\$ _____
<b>Individual golf entry @ \$750 per player for a total of</b>	\$ _____
<b>Total number of reception only guests @ \$75 each</b>	\$ _____
<b>Yes, we are interested in a Corporate Sponsorship</b>	\$ _____
<b>GRAND TOTAL: \$ _____</b>	

**Please make checks payable to: Bay Area Sports Organizing Committee Tax ID # 94-3052945**

**Charge my credit card:** VISA \_\_\_ MC \_\_\_ ONLY! Exp. Date: \_\_\_/\_\_\_  
 Card# \_\_\_\_\_

Name and Signature as it appears on card: \_\_\_\_\_

**GOLFERS IN YOUR FOURSOME (please include addresses so that confirmations & directions can be mailed to players)**

2. Golfer/Name: _____ Company: _____ Address: _____ <b>SHIRT SIZE: M ___ L ___ XL ___ XXL ___</b>	Home Phone: _____ Work Phone: _____ Fax Number: _____ Your golf hndcp/index: _____ City: _____ State: _____ Zip: _____ E-mail _____
3. Golfer/Name: _____ Company: _____ Address: _____ <b>SHIRT SIZE: M ___ L ___ XL ___ XXL ___</b>	Home Phone: _____ Work Phone: _____ Fax Number: _____ Your golf hndcp/index: _____ City: _____ State: _____ Zip: _____ E-mail _____
4. Golfer/Name: _____ Company: _____ Address: _____ <b>SHIRT SIZE: M ___ L ___ XL ___ XXL ___</b>	Home Phone: _____ Work Phone: _____ Fax Number: _____ Your golf hndcp/index: _____ City: _____ State: _____ Zip: _____ E-mail _____

**All Golf handicaps/index is necessary for competition. Thank you.**

Mail reservation form and payment to **Bay Area Sports Organizing Committee (BASOC)**  
**Or FAX** this form to: **(925-931-0081) c/o 81 Encina Ave. Upper Floor Palo Alto, CA 94301**