

# 33rd ANNUAL SANTA CLARA PAL GOLF TOURNAMENT

New Day, FRIDAY, AUGUST 20, 2010  
SANTA CLARA GOLF & TENNIS CLUB

10:00am Check-In ♦ 11:00am Lunch ♦ 12:30pm Shotgun Start  
6:00pm Dinner - Hilton Hotel

## GOLF TOURNAMENT REGISTRATION FORM

Please submit this form by August 1, 2010.

Full golf registration includes dinner. Golf sponsors, please register and submit appropriate fee if you will be attending the dinner.

### ENTRY FEE INCLUDES:

♣ Golf/Cart ♣ Tee Prizes ♣ Lunch ♣ Door Prizes ♣ Dinner ♣ Longest Drive Trophy ♣  
Refreshments on the Course ♣ Closest to the Pin Trophy ♣ High/Low Gross Team Awards

**First Registrant** (Check all events you are attending: \_\_ Full Golf \_\_ Dinner)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

**Second Registrant** (Check all events you are attending: \_\_ Full Golf \_\_ Dinner)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

**Third Registrant** (Check all events you are attending: \_\_ Full Golf \_\_ Dinner)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

**Fourth Registrant** (Check all events you are attending: \_\_ Full Golf \_\_ Dinner)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

### Registration Fee

Dinner Only	\$40	x _____	(# of attendees) = \$ _____
Golf Tournament	\$175	x _____	(# of attendees) = \$ _____
Foursome	\$700	x _____	(# of foursomes) = \$ _____

Sponsorship (Please attach sponsorship form)

Sponsorship = \$ \_\_\_\_\_

**Payment Information:** \_\_ Visa \_\_ MasterCard \_\_\_\_\_ Check (Date mailed \_\_\_\_\_)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3 Digit CCV Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Registration/Sponsorship Policy

Registration/Sponsorship is first-come, first-served as determined by email date/time, fax timestamp or mail postmark.

### Cancellation/Refund Policy

Cancellations received in writing by noon on August 1, 2010 by mail/fax will receive 50% refund.

For cancellations after noon on August 1, 2010, no refunds will be issued.

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## GOLF TOURNAMENT SPONSORSHIP FORM

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

### Yes, I would like to be a Premium Level Sponsor!

- Gold Level      \$2000      Includes VIP registration, preferred starting position, two foursome, 2 extra dinners with preferred seating, Hole sponsorship and Banner.
- Silver Level      \$1000      Included preferred starting position, one foursome and Hole sponsorship.

### Yes, I would like to be a Golf Tournament Sponsor!

- Hole Sponsor      \$125
- Putting Green Sponsor      \$125
- Golf Balls      \$500
- Goodie Bag Item (*Your logo item included in a Goodie Bag for each golfer*) 150 items required

### Yes, I would like to be a Raffle Prize Sponsor!

Dinner Raffle or Live Auction Prize – Any value (*hotel stays, entertainment, golf, gift baskets, etc*)  
Unlimited Opportunities

**Please complete and return *with payment information* on registration form.**

**Santa Clara PAL  
601 El Camino Real  
Santa Clara, Ca 95050**

**Tel: (408) 615-4880 Fax (408) 296-1346**

**To print registration form for your foursome, go to [www.santaclarapal.org](http://www.santaclarapal.org)**

The Santa Clara Police Activities League is a 501c(3) non-profit youth organization sponsored by the Santa Clara Police Department providing various sports and activity programs for the youth of the greater Santa Clara community. For additional information, please contact Officer Bill Davis @ (408) 615-4880, or email to [wcdavis@santaclaraca.gov](mailto:wcdavis@santaclaraca.gov)

Federal Tax ID# 23-7088136