13th Annual BASOC Celebrity Golf Classic Reservation Form **LOCATION** Stanford Golf Course **DATE:** Monday, July 27, 2015 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 & Entertainment, 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 Golfer/Name: Home Phone: Work Phone: Fax Number: Your golf **hndcp/ (index)** :_____ Company:_____ City:_____Zip:_____ Address: 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: ___/__ Name and Signature as it appears on card: _____ GOLFERS IN YOUR FOURSOME (please include e-mail addresses so event confirmation & information can be sent) Home Phone: _____ Cell Phone: _____ 2. Golfer/Name:_____ Fax Number:_____Your golf hdcp/index:_____ Company:_____ E-Mail Address SHIRT SIZE: M__ L__ XL__ XXL__ 3. Golfer/Name: Home Phone:_____Cell Phone:____ Fax Number:_____Your golf hdcp/index:_____ E-Mail Address SHIRT SIZE: M__ L__ XL__ XXL__

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

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 2450 Agnes Way, Palo Alto, CA 94303

Home Phone:______ Cell Phone:_____

Fax Number:_____Your golf hdcp/index:_____