

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

**DATE:** **Monday, July 25, 2016**      **LOCATION:** Stanford Golf Course  
 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 |
| 11:00 a.m. | Barbeque luncheon                                   |
| 12:00 a.m. | Shotgun Start                                       |
| 5:00 p.m.  | Reception & Golf Awards                             |

*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 \_\_\_\_\_  
 Company: \_\_\_\_\_ Your golf **hndcp/ (index)** : \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Shirt Size: M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ E-mail \_\_\_\_\_

|  |          |
|--|----------|
| <b>Yes, I want a Company golf foursome for \$2,500</b>   | \$ _____ |
| <b>Individual golf entry @ \$650 per player</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 e-mail addresses so event confirmation & information can be sent)**

|   |                                      |                   |
|---|--------------------------------------|-------------------|
| 2. Golfer/Name: _____                         | Home Phone: _____                    | Cell Phone: _____ |
| Company: _____                                | Your golf <b>hndcp/index</b> : _____ |                   |
| E-Mail Address _____                          |                                      |                   |
| <b>SHIRT SIZE: M ___ L ___ XL ___ XXL ___</b> |                                      |                   |
| 3. Golfer/Name: _____                         | Home Phone: _____                    | Cell Phone: _____ |
| Company: _____                                | Your golf <b>hndcp/index</b> : _____ |                   |
| E-Mail Address _____                          |                                      |                   |
| <b>SHIRT SIZE: M ___ L ___ XL ___ XXL ___</b> |                                      |                   |
| 4. Golfer/Name: _____                         | Home Phone: _____                    | Cell Phone: _____ |
| Company: _____                                | Your golf <b>hndcp/index</b> : _____ |                   |
| E-Mail Address: _____                         |                                      |                   |
| <b>SHIRT SIZE: M ___ L ___ XL ___ XXL ___</b> |                                      |                   |

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

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

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