



## Golf Tournament Registration Form

8<sup>th</sup> Annual Golf Tournament / August 5, 2019 / Stanford Golf Course / [foundation.smccd.edu/news/golf-tournament-2019.php](http://foundation.smccd.edu/news/golf-tournament-2019.php)

Company Name _____	
Company Address _____	
<b>Main Contact</b>	<b>Marketing Contact</b> (to contact re: the ad & logo)
Name _____	Name _____
Email _____	Email _____
Phone _____	Phone _____

### Sponsorship Level – Please mark your desired sponsorship(s).

<input type="checkbox"/> Tournament Sponsor (6 players) <b>\$20,000</b>	<input type="checkbox"/> Director Sponsor (2 players) <b>\$5,000</b>
<input type="checkbox"/> Chancellor Sponsor (4 players) <b>\$10,000</b>	<input type="checkbox"/> College Sponsor (1 player) <b>\$3,750</b>
<input type="checkbox"/> President Sponsor (4 players) <b>\$7,500</b>	<input type="checkbox"/> Hole Sponsor (0 players) <b>\$1,000</b>

### Bonus Options – Add on to your sponsorship(s)!

_____ Individual Players (\$350 each) (QUANTITY)
\$_____ Tax-deductible donation supporting scholarships and programs for the students of Cañada College, College of San Mateo, and Skyline College.
_____ Mulligans (\$25 each / \$70 for three) (QUANTITY)
_____ Dinner-only tickets (\$50 each) (QUANTITY)

**Mail or email this form  
by Wednesday, May 1 to:**

San Mateo County  
Community Colleges Foundation  
3401 CSM Drive, San Mateo, CA 94402  
Email: [kapshudd@smccd.edu](mailto:kapshudd@smccd.edu)

### Payment Options

**This Form:**

Bill credit card in the amount of \$ \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex \_\_\_\_\_  
Name on Card \_\_\_\_\_ Card No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Three-Digit Security Code (four digits for Amex) \_\_\_\_\_  
Address \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

**By Check:**

Make your check payable to SMCCCF and mail to San Mateo County Community Colleges Foundation, 3401 CSM Drive, San Mateo, CA 94402.

**Online:**

Visit [foundation.smccd.edu/news/golf-tournament-2019.php](http://foundation.smccd.edu/news/golf-tournament-2019.php). Fill out the "Golf Tournament Registration" online form.

### Player Contact Information

*(This is needed so we can contact attendees directly with info. about this year's tournament.)*

Name _____	Name _____
Email _____	Email _____
Phone _____	Phone _____
Name _____	Name _____
Email _____	Email _____
Phone _____	Phone _____
Name _____	Name _____
Email _____	Email _____
Phone _____	Phone _____

**Thank you for supporting  
the Promise Scholars Program and student success!**

*Questions? Contact Dafna Kapshud at 650.358.6791 or [kapshudd@smccd.edu](mailto:kapshudd@smccd.edu).*