SAN MATEO COUNTY COMMUNITY COLLEGES FOUNDATION

Golf Tournament Registration Form

9th Annual Golf Tournament / March 1, 2021 / Stanford Golf Course / foundation.smccd.edu/news/golf-tournament-2020.php

Company Name_____

Company Address_____

Main Contact		**Marketing Contact** *(to contact re: the ad & logo)*	
Name	_____	Name	_____
Email	_____	Email	_____
Phone	_____	Phone	_____

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

☐	Tournament Sponsor (6 players) **$20,000**	☐	Director Sponsor (2 players) **$5,000**
☐	Chancellor Sponsor (4 players) **$10,000**	☐	College Sponsor (1 player) **$3,750**
☐	President Sponsor (4 players) **$7,500**	☐	Hole Sponsor (0 players) **$1,000**

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 Monday, January 11 to:

San Mateo County
Community Colleges Foundation
3401 CSM Drive, San Mateo, CA 94402
Email: kapshudd@smccd.edu
Phone: 650.358.6850

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-2020.php. Fill out the "Golf Tournament Registration" online form.

Player Contact Information

(This is needed so we can contact attendees directly with information 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.