



Golf Tournament Registration Form

7th Annual Golf Tournament / August 6, 2018 / Stanford Golf Course / foundation.smccd.edu/news/golf-tournament-2018.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).

<input type="checkbox"/> Tournament Sponsor (8 players) \$20,000	<input type="checkbox"/> Director Sponsor (2 players) \$5,000
<input type="checkbox"/> Chancellor Sponsor (6 players) \$10,000	<input type="checkbox"/> College Sponsor (1 player) \$3,750
<input type="checkbox"/> President Sponsor (4 players) \$7,500	<input type="checkbox"/> Hole Sponsor \$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 College of San Mateo, Cañada, and Skyline.
_____ Mulligans (\$25 each / \$65 for three) (QUANTITY)

**Mail, fax, or e-mail this form
by Thursday, June 21 to:**

San Mateo County
Community Colleges Foundation
3401 CSM Drive, San Mateo, CA 94402
Email: kapshudd@smccd.edu
Fax: 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-2018.php and register on the center of the page. Contact Dafna Kapshud at kapshudd@smccd.edu or 650.358.6791 with any questions.

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 student success!

Questions? Contact Dafna Kapshud at 650.358.6791 or kapshudd@smccd.edu.