



San Joaquin Chapter

**Annual Golf Tournament
Elkhorn Country Club – Stockton
Monday, Aug. 27**

Invite your
Bankers,
Clients,
Stockbrokers,
Attorneys,
CPAs and
Associates

Four-person Scramble/Calaway Scoring (no handicaps needed)
11:45 a.m./Registration and lunch
1 p.m./Shotgun start
6 p.m./Awards dinner and raffle

**Entry Fee: \$175/per person; \$600/per foursome
Student: \$80 (dinner only \$30)**

Entry fee includes 18 holes of golf & cart; hole-in-one, longest drive, closest to the pin contest; BBQ lunch, drinks, dinner
Tee prizes on-course; Cash awards (club credit) for low gross & low net team score.
Team Mulligans Available \$20 (4 shots, 1/player)

Net proceeds benefit the San Joaquin Chapter Scholarship Fund

- _____ \$1,000 **Eagle Sponsor** (foursome of golf; lunch, dinner; booth space to distribute your promotional info; display of your banner; tee sponsor; *Bulletin* advertising; recognition at awards dinner and Student Night banquet.)
- _____ \$750 **Birdie Sponsor** (twosome of golf; lunch, dinner; display of your banner; tee sponsor; *Bulletin* advertising; recognition at awards dinner and Student Night banquet.)
- _____ \$500 **Par Sponsor** (one entry fee; lunch, dinner; display of your banner; tee sponsor; *Bulletin* advertising; recognition at awards dinner and Student Night banquet.)
- _____ \$100 **Tee Sponsor** (Tee sponsor advertising; recognition at awards dinner.)
- _____ \$600 **Foursome Entry Fee**
- _____ \$175 **Entry Fee per person**
- _____ \$80 **Student Entry Fee**
- _____ \$30 **Dinner Only**

We express our great appreciation to Elkhorn Country Club and Bob Young for accommodation of our needs for this worthwhile cause.

Chapter Golf Tournament

Monday, Aug. 27

Reservation: Return completed form, with payment, to: Karen Howard; PO Box 750; Denair, CA 95316
or fax to (209) 656-1532. **Questions?** Phone: (209) 656-1882; e-mail: karen.howard@calcpa.org

CalCPA Member ID No. _____ Nonmember of CalCPA

Name: _____ Phone: _____ E-mail: _____

Firm/Company: _____ Fax: _____

Address: _____ City, State, ZIP: _____

Additional Registrant (s):

_____ Firm/Company _____ e-mail _____

_____ Firm/Company _____ e-mail _____

_____ Firm/Company _____ e-mail _____

Check (Payable to CalCPA) MasterCard Visa AMEX _____ Exp. Date: _____

Cardholder Name: _____ Member ID No. (if different from above): _____

No. of Participants/Sponsorship: _____ X Cost/Sponsorship Fee = Total Amount: \$ _____

*Vegetarian meals available – please note if your prefer