

INDIVIDUAL ENTRY

\$160 *Early Bird* special

(if paid by May 13)

\$190 per player late entry after May 13

Name _____

Address _____

City/State/Zip _____

Company _____

Phone _____

* E-mail _____

Sweatshirt size (men's sizes): S M L XL XXL



TEAM ENTRY

\$640 for *Early Bird* foursomes (paid by May 13)

\$760 foursome fee if paid AFTER May 13

Golfer #1 (Team Captain)

Name _____

Address _____

City/State/Zip _____

Company _____

Phone _____

* E-mail _____

Sweatshirt size (men's sizes): S M L XL XXL

Teammates:

Golfer #2 – Name _____

Sweatshirt size (men's sizes): S M L XL XXL

Golfer #3 – Name _____

Sweatshirt size (men's sizes): S M L XL XXL

Golfer #4 – Name _____

Sweatshirt size (men's sizes): S M L XL XXL

You will receive a receipt
for your donation
in accordance with tax laws.



Thank you
for your support of
Gaucha Athletics



DINNER ONLY

\$35 per person for non-golfers

Name _____



THE GAUCHO PACKAGE

\$20 (Includes 3 mulligans, 10 raffle tickets, entry into the putting contest, and hole-in-one insurance: a \$40 value)



DONATION DESIGNATION

As a golfer or sponsor in this tournament you may direct where you wish your donation be used. Please, check no more than two (2) boxes.

MEN'S ATHLETICS

- General Baseball Basketball Golf
- Cross Country Football Swimming
- Tennis Track/Field Water Polo

WOMEN'S ATHLETICS

- General Basketball Cross Country
- Golf Soccer Softball
- Swimming Tennis Track/Field
- Volleyball Water Polo

GENERAL ATHLETICS

- General Fund Cheerleaders
- Sports Information Equipment Room
- Sports Medicine/Trainer Other _____

SPONSORS AND DONORS

- HOLE SPONSOR \$150 Donation
- PUTTING CONTEST SPONSOR \$300 Donation
- TOURNAMENT SPONSOR \$750 Donation
- CART SPONSOR \$1,000 Donation
- MAJOR DONOR \$2,000 Donation
- PRIZE DONATION please list . . .

Your Name _____

Company _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

Please indicate under "Donation Designation" where you would like your donation applied.



METHOD OF PAYMENT

- Check(s) enclosed with entry form
- Cash Visa MasterCard
(credit card payments will appear as "Saddleback College Foundation" on your statement)

Credit Card # _____

Expiration Date _____

Print Name _____

Phone # _____

Signature _____

PLEASE return your payment as indicated above (make checks payable to **Saddleback College Foundation**) and mail to:

SADDLEBACK COLLEGE ATHLETIC DEPT.
c/o Annual Golf Tourney
28000 Marguerite Parkway
Mission Viejo, CA 92692-3635

For more Info: (949) 582-4547

