



# 24TH ANNUAL GOLF TOURNAMENT

## Monday, April 16, 2018

Teal Bend Golf Club - Sacramento, CA

7200 Garden Hwy, Sacramento, CA 95837

**First Tee off** on April 16, 2018 is at 12:00 pm with an **10:00 am** check-in, this will be a modified shotgun start, and will accommodate as many golfers as you can bring. The **\$135.00** dollar fee includes: green, cart fees. There will be a closest to the pin contest on hole 16. In addition a box lunch will be provided prior to the start. Sponsorships are only **\$150.00** per Hole. All reservations & sponsorships must be in by **April 12, 2018**. The course should be in GREAT Shape and the weather will hopefully be 75+ degrees like last year with **NO RAIN!**

Reservations are not considered **MADE** until a Check or Credit Card is in hand; so, mail or email with CC is the best way to reserve your spot. Use the back page to list your name and the names of other golfers in your foursome. Make checks out to "PCOC" and Mail to:

**PCOC**  
3031 Beacon Blvd  
West Sacramento, CA 95691

**For Questions contact the Golf Tournament Director:**

Chris Schneider

chris.schneider@univarusa.com

Cell: 916-765-5846

**REGISTER TODAY!**  
SEE FORM ON REVERSE SIDE.



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## REGISTRATION FORM

### Golfer 1

GOLFER  SPONSOR

Golfers Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Holder Name: \_\_\_\_\_ Card# \_\_\_\_\_

Signature: \_\_\_\_\_ Exp Date: \_\_\_\_\_ V-Code \_\_\_\_\_

### Golfer 2

Golfers Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Holder Name: \_\_\_\_\_ Card# \_\_\_\_\_

Signature: \_\_\_\_\_ Exp Date: \_\_\_\_\_ V-Code \_\_\_\_\_

### Golfer 3

Golfers Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Holder Name: \_\_\_\_\_ Card# \_\_\_\_\_

Signature: \_\_\_\_\_ Exp Date: \_\_\_\_\_ V-Code \_\_\_\_\_

### Golfer 4

Golfers Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Holder Name: \_\_\_\_\_ Card# \_\_\_\_\_

Signature: \_\_\_\_\_ Exp Date: \_\_\_\_\_ V-Code \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO: PCOC**

**AMOUNT ENCLOSED: \$** \_\_\_\_\_

MAIL CHECKS TO: PCOC • 3031 Beacon Blvd. • West Sacramento, CA 95691

Lunch sponsored by

