



25TH ANNUAL GOLF TOURNAMENT

Monday, April 8, 2019

Teal Bend Golf Club - Sacramento, CA

7200 Garden Hwy, Sacramento, CA 95837

First Tee off on April 8, 2019 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 **\$175.00** per Hole. All reservations & sponsorships must be in by **April 1, 2019**. The course should be in great shape and the weather will hopefully be 75+ degrees and 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:

Gregg Gransie

gregg.gransie@target-specialty.com
Cell: 408-439-6119

Sean Bradley

sean@neighborlypest.com
Cell: 916-899-4921

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