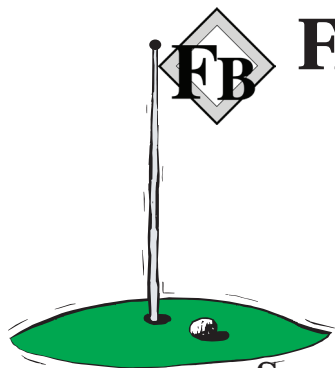


# 16TH ANNUAL SACRAMENTO COUNTY

## FARM BUREAU GOLF CLASSIC

**FRIDAY, JULY 9, 2010**

**Lockeford Springs Golf Course  
16360 North Highway 88, Lodi**



### Sponsorship

- Eagle Sponsor .....\$1500**  
 Green fees for four (includes cart, lunch, dinner, tee prize bag, and more)  
 Your Company name in program and cart GPS  
 Exclusive Tee Recognition  
 Dinner Recognition  
 Acknowledgement in the Bulletin and 3 months on the SCFB Website
- Dinner Sponsor.....\$500**  
 Dinner for two  
 Prominent display of your company name in program and on water cart
- Birdie Sponsor .....\$250**  
 Your company name and promotion table at a tee, and two lunches.
- Tee Sponsor.....\$100**  
 Your company name at the tee, recognition in dinner program and in the Bulletin.

### Player Information

- Player Spot \$100**  
 Entry fee includes green fee, tee prize bag, cart, driving range, refreshments, lunch longest drive, closest-to-the pin prizes, and BBQ dinner.

**10:30 a.m. Registration**  
**11:30 a.m - 1:00 p.m. Lunch**  
**12 noon Putting Contest**  
**1:00 p.m. Tee Off (Shotgun Start)**  
**6:00 p.m. Dinner and Awards**

**Return form with payment to:**  
**SCFB**  
**8970 Elk Grove Blvd.,**  
**Elk Grove, CA 95624**

**SIGN ME UP!**

**REGISTRATION DUE JUNE 25, 2010**

- \_\_\_\_\_ Eagle Sponsor ..... \$1500  
 \_\_\_\_\_ Dinner Sponsor ..... \$500  
 \_\_\_\_\_ Birdie Sponsor ..... \$250  
 \_\_\_\_\_ Tee Sponsor..... \$100  
 \_\_\_\_\_ Player Spot..... \$100  
 \_\_\_\_\_ Additional Lunch ..... \$10  
 \_\_\_\_\_ Additional Dinner ..... \$25

\_\_\_\_\_  
 Sponsor Name (if sponsor)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State Zip

\_\_\_\_\_  
 Phone with area code                      Fax

\_\_\_\_\_  
 Email Address

**TEAM INFORMATION**



Golfer 1. (Team Captain) \_\_\_\_\_  
 Fax or Email \_\_\_\_\_

Golfer 2. \_\_\_\_\_  
 Fax or Email \_\_\_\_\_

Golfer 3. \_\_\_\_\_  
 Fax or Email \_\_\_\_\_

Golfer 4. \_\_\_\_\_  
 Fax or Email \_\_\_\_\_

**PAYMENT INFORMATION**

Total\$ \_\_\_\_\_     Check     Visa     MasterCard     AmEx

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Name of Card Holder \_\_\_\_\_

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

City, State Zip \_\_\_\_\_ Phone \_\_\_\_\_