

2011 PARRRMA Annual Golf Tournament

Date: Sunday, February 6, 2011

Location: Coyote Hills Golf Course - 1440 E. Bastanchury Rd., Fullerton, CA 92836

Time: 8AM Registration/9AM Shotgun Start

Cost: \$140 per person

Includes: Green Fees, Cart, Range Balls, Food at Tee Boxes and Awards Reception

Questions - Contact PARMA Golf Chair Kim Hunt 916) 716-8194

or Cheryl Westernen at 925) 904-2400

Send all golf bag items to: Cheryl Westernen, 2430 Camino Ramon, Suite 200, San Ramon, CA 94583

You can register online to play golf at www.PARMA.com

Golf Sponsorship Information:

Name of Company: _____

Company Contact: _____ Contact Email: _____

Golf sponsorships go very quickly. Please pick three choices and mark them accordingly on the line following the sponsorship.

Golf Sponsorships Available:	Amount	Choice	Golf Sponsorships Available:	Amount	Choice
<input type="checkbox"/> Hole in One 1 available at this value	\$250	_____	<input type="checkbox"/> Breakfast Tee-Box Sponsor 4 available	\$600	_____
<input type="checkbox"/> Hole in One 1 available at this value	\$750	_____	<input type="checkbox"/> Beverage Cart 3 available	\$1000	_____
<input type="checkbox"/> Hole in One 1 available at this value	\$1000	_____	<input type="checkbox"/> Tournament Hole Signs 1 available	\$580	_____
<input type="checkbox"/> Closest to the Pin M/W 2 available	\$175	_____	<input type="checkbox"/> Awards Reception Sponsor May be split between two companies	\$1500	_____
<input type="checkbox"/> Long Drive M/W 2 available	\$175	_____	<input type="checkbox"/> My company would like to donate a door prize.		
<input type="checkbox"/> Hole Sponsor 7 available	\$250	_____	<input type="checkbox"/> My company will donate 144 _____ for the tee bags.		
			<input type="checkbox"/> My company can provide _____ volunteers for the tournament.		

Payment Information:

Payment - Checks, American Express, Discover Card, Master Card and Visa accepted.

By Credit Card Authorization for payment in the amount of \$ _____

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Billing Address (include postal code): _____

Signature: _____

By Check Check Number: _____ in the amount of \$ _____

Sorry, no refunds on golf fees.

Please submit this contract with payment to PARMA - PO Box 6810, San Jose, CA 95150

by fax: 888) 412-5913 By email: info@parma.com