



STOCKTON CHAMBER GOLF 2024 TOURNAMENT

43rd Annual Golf Tournament

April 8, 2024

The Reserve at Spanos Park, 6301 W. Eight Mile Rd. Stockton, CA 95219

\$900 Business Package

- Signage on a Tee or Green
- Foursome of Golf
(with everything listed below in
Entry Fee for each player)
- Special Recognition in the program

\$200 Entry Fee

- Lunch
- Practice Balls
- Greens Fees and Cart
- Refreshments on the course
- Post Tournament Party
- Digital Download of foursome photo

\$150 Green/Tee Sign Sponsorship

- Signage on a Tee/Green
- Special Recognition in the program

Raffle Prize Donation

- Call Michell at (209) 292-8433 to make a donation
- Special Recognition in the program

Registration Deadline March 22, 2024 (or until sold out)

Please enclose entry fee with registration

- Prepaid reservations only
- Number of players is limited, register early
- Soft spikes required on golf course
- Collared shirts and no jeans

Tournament Schedule

10:00 AM-11:45 AM Registration, Range Time, Lunch

11:50 AM Announcements

Noon Shotgun Start

5:00 PM Post Tournament Party

Register By Mail

Greater Stockton Chamber of Commerce
Attn: Timm Quinn
445 W. Weber Ave., #220, Stockton, CA 95203

Online Registration

<http://stocktonchamber.org/golf-tournament/>

Questions

tquinn@stocktonchamber.org
or (209) 292-8423



43rd Annual Golf Tournament

April 8, 2024 – The Reserve at Spanos Park

Reservation Form

Registration Deadline March 22, 2024 (or when sold out)

Individual Players \$200 X _____ # of Players = \$ _____

Business Package

(Foursome of golf and Green/Tee Sign,
a \$50 savings)

\$900 X _____ # of Packages = \$ _____

Green/Tee Sponsorship \$150 X _____ # of Greens/Tees = \$ _____

Total \$ _____

Your Players

| | |
|---------------|-------------|
| Name _____ | Phone _____ |
| Company _____ | Email _____ |
| Name _____ | Phone _____ |
| Company _____ | Email _____ |
| Name _____ | Phone _____ |
| Company _____ | Email _____ |
| Name _____ | Phone _____ |
| Company _____ | Email _____ |

Payment

Check Enclosed Credit Card (Visa, MasterCard or AmEx)

Card Number _____ Exp Date: _____ CVV _____

Cardholder Name _____

Billing Address _____ Zip _____

Fax Attention Timm Quinn to: (209) 466-5271 or Email to: tquinn@stocktonchamber.org

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| Chamber Use Only Log _____ PD _____ Logo _____ |
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