

Many chances *to win!*

KEVIN PAUL GRAHAM

Memorial Putting Contest
\$10 per entry



SHARI QUILICI-GARDINER

Ball Drop Contest

Numbered balls are dropped from the "sky." If a single ball lands in the hole, person wins \$500. If none fall in, the closest wins \$250. If multiple balls fall in the hole, prize is split equally.
1 for \$5 or 3 for \$10

RAFFLE AND AUCTION ITEMS

Countless prizes to share with family and friends. Bring cash for tickets.



Day of fun & *camaraderie!*

Limited to 144 golfers
Paid entries due by June 16 or until full.

8:00 – 9:30 a.m.
Registration & Continental Breakfast
Ball Drop

9:30 a.m.
Shotgun Start
Lunch at the Turn
Hot dogs, chips, cookies, soda and water

Tri-tip Dinner
Served with all the fixings and Evelyn's amazing carrot cake

Auction & Raffle Announcements

INQUIRE ABOUT
Platinum and Gold
Sponsorship Opportunities

Individual Golfer
\$145

Company and individual fees include green fees, cart, continental breakfast, drinks, lunch, and dinner!

Company Sponsor
\$650

All the above for four golfers along with a Tee Hole Sponsor sign

Tri-tip Dinner ONLY
\$45/person

Hotel Sponsor
\$100

Registration Form

I WISH TO PARTICIPATE AS A: (check all that apply)

___ COMPANY SPONSOR \$650 ___ HOLE SIGN SPONSOR \$100 ___ INDIVIDUAL GOLFER \$145
___ BALL DROP TICKETS - 1 ticket \$5 / 3 tickets \$10

YOUR NAME (PLEASE PRINT) PLAYER 1 _____ PHONE _____ EMAIL ADDRESS _____

COMPANY NAME _____

ADDRESS _____ CITY, STATE, ZIP _____

NAME PLAYER 2 _____ PHONE _____

NAME PLAYER 3 _____ PHONE _____

NAME PLAYER 4 _____ PHONE _____

I WOULD LIKE TO BRING _____ (ADDITIONAL) GUESTS FOR DINNER AT \$45 EACH = _____

SORRY, I AM UNABLE TO ATTEND, BUT WOULD LIKE TO MAKE A DONATION OF _____

I WOULD LIKE TO DONATE THE FOLLOWING AUCTION ITEM(S): _____

CAN YOU BRING YOUR OWN CART? _____

Select Payment Method

MUST BE RECEIVED BEFORE JUNE 3, 2022 TO RESERVE SPACE

BILL MY CREDIT CARD \$ _____ \$ _____ PAYMENT IN CASH \$ _____ CHECK PAYABLE TO
RIO VISTA ROTARY CLUB IS ENCLOSED

NAME ON CARD _____ CARD NUMBER _____

EXPIRATION DATE _____ THREE DIGIT # _____

CARDHOLDER SIGNATURE _____



Mail Completed Form to:

Rio Vista Rotary Club, P.O. Box 513, Rio Vista, CA 94571