

455 Capitol Mall, Suite 315  
Sacramento, CA 95814



***SAVE THIS DATE!***

**APRIL 2, 2009**

and

**REGISTER NOW for the**

**SMALL SCHOOL DISTRICTS' ASSOCIATION**

**13TH ANNUAL GOLF TOURNAMENT!**



# 13<sup>th</sup> Annual SSDA Golf Tournament Registration

**Thursday, April 2, 2009**

**7:30 a.m. Registration**

**9:00 a.m. Shotgun Start**

**Lincoln Hills Golf Club**

**Location:** Lincoln Hills Golf Club  
1005 Sun City Lane  
Lincoln, CA 95648  
(916) 543-9200

**Fee:** \$100.00 (Includes golf, cart,  
continental breakfast,  
box lunch and tee prizes)

**MAIL COMPLETED FORM WITH PAYMENT TO:** SSDA Annual Golf Tournament  
455 Capitol Mall, Suite 315  
Sacramento, CA 95814  
(916) 444-9335

*Please return registration with check by mail. Please DO NOT fax or e-mail golf registration form. Registration forms will not be processed without payment.*

## Registration Form

**Name:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Handicap:** \_\_\_\_\_ **Average Score:** \_\_\_\_\_

## Foursomes—Registration Form

To register a foursome, please complete the information for the additional three registration slots below. PLEASE NOTE: Four-some registrations will not be processed unless payments for all four players are included.

**Name:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Handicap:** \_\_\_\_\_ **Average Score:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Handicap:** \_\_\_\_\_ **Average Score:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Handicap:** \_\_\_\_\_ **Average Score:** \_\_\_\_\_

**Credit Card:**  Visa  MasterCard  American Express

**Credit Card #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Please PRINT name as it appears on card: \_\_\_\_\_

Registration form and payment must be received by the SSDA office no later than **March 20, 2009.**

For more information, please call Shelly Tillery at (916) 444-9335 or by e-mail at [shelly@ssda.org](mailto:shelly@ssda.org).