



It's time once again for SAR's most exciting sporting activity:

**SAR'S MASTERS CLUB
GOLF TOURNAMENT**

**MONDAY, OCTOBER 12, 2009
NORTHBRIDGE COUNTRY CLUB
7600 MADISON AVENUE, FAIR OAKS**

Make your foursome reservation today by mailing or faxing your completed registration form to Deborah Grinnell, SAR
2003 Howe Avenue, Sacramento, CA 95825
or 916/922-4103 (fax).

Reservations are based on a first-come, first-serve basis.
Space is limited to 40 foursomes.

PLEASE NOTE:

To reserve your foursome,
SAR must receive the
NAMES and entry fees for
ALL four participants by
October 2.

**SUPPORT MASTERS CLUB
CHARITIES
BY PURCHASING
RAFFLE TICKETS**

Y O U C O U L D W I N :

Vacation Getaway to
Puerto Vallarta Mexico

Carnival Cruise to
the Caribbean or Mexico

\$1,000 Roseville Galleria
Gift Certificate

Donation: \$5.00
Need not be present to win

P R O C E E D S B E N E F I T :

The GreenHouse
WIND

Wellspring Women's Center



ENDLESS SUMMER

30th Annual Masters Club Golf Tournament

2009

30th Masters Club
Annual Golf Tournament

Monday, October 12, 2009

Northridge Country Club

ENDLES SUMMER

30th Annual Masters Club Golf Tournament

Monday, October 12, 2009

Northridge Country Club, Fair Oaks
Registration Deadline: October 2, 2009

DETAILS

Entry Fee - \$155

Fee includes

- Continental breakfast
- Hosted driving range
- Green fees
- Golf cart
- Lunch
- Refreshments
- Tee prizes
- Door prizes
- Awards banquet
- Attendee Appreciation Reception

SCHEDULE

Registration
9:30 - 11:00am

Putting Contest
9:45 - 10:45am

Shotgun Scramble
11:00am

Attendee Appreciation

Reception
(hosted hors d'oeuvres, beer and wine)
4:30 - 6:00pm

Hawaiian Luau Awards Banquet
6:00 - 8:00pm

AWARDS

Closest to the Pin
Men and Women

Lowest Score
Team
Men
Women
Co-ed

30TH ANNUAL MASTER'S CLUB GOLF TOURNAMENT REGISTRATION FORM

To reserve your foursome, SAR must receive NAMES and entry fees for ALL four participants.

golfer #1	<input type="checkbox"/> male	<input type="checkbox"/> female
company	_____	
address	_____	
phone	_____	fax _____
e-mail	_____	
golfer #2	<input type="checkbox"/> male	<input type="checkbox"/> female
company	_____	
address	_____	
phone	_____	fax _____
e-mail	_____	
golfer #3	<input type="checkbox"/> male	<input type="checkbox"/> female
company	_____	
address	_____	
phone	_____	fax _____
e-mail	_____	
golfer #4	<input type="checkbox"/> male	<input type="checkbox"/> female
company	_____	
address	_____	
phone	_____	fax _____
e-mail	_____	

PAYMENT FORM

Number of Players _____
_____ @ \$155 = _____

Raffle Tickets _____
_____ @ \$5 = _____

Dinner Tickets Only _____
_____ @ \$45 = _____

Please provide names below:
(If vegetarian, place a "V" next to the appropriate name)

Check enclosed \$ _____
(make payable to SAR)

Credit Card \$ _____
 Visa MasterCard
 AMEX Discover

Account Number _____

Expiration Date _____

Signature _____

Please mail or fax to
Deborah Grinnell, c/o SAR
2003 Howe Avenue
Sacramento, CA 95825
fax: 916/ 922-4103