

Proceeds Benefit the Students of Crescenta Valley & the Desi Geestman Foundation - "Touching the lives of children with cancer."



Friday, August 13, 2021
Scholl Canyon Golf Course

3800 E. Glenoaks Blvd. Glendale, CA 91206

Single Player Entry Fee: \$125.00 / Team of 4 Discount: \$440.00

Check-in 7:00 a.m. Putting Contest 7:30 a.m. / Shotgun Start 8:30 a.m.

Entry fee includes 18 holes of golf and cart (2 person), bucket of range balls, goodie bag, PLUS... continental breakfast and a delicious BBQ lunch – following the event with trophy presentations & raffle prizes!

Available for purchase at the event (\$20.00) includes the following:
Entry into the Putting Contest, 2 Mulligans, Raffle Tickets, Closest to Pin and
3 Hole-in-one Contests (excludes all third-party events).

To register or for more Information: **818-248-4957**
CrescentaValleyChamber.org/golf

A Special THANK YOU to Our Major Sponsors!

BobSmith TOYOTA

USC Verdugo
Hills Hospital
Part of Keck Medicine of USC

StateFarm
CHRIS ARISTO, AGENT

See Registration Form on other side...▶

CV CHAMBER – SCHOLL CANYON GOLF TOURNAMENT REGISTRATION FORM

- Team of four golfers \$440.00 (if register by Friday, August 6), \$500.00 day of event.
 Individual golfers: ____ @ \$125.00 each \$ _____.00, \$135.00 day of event.

Teams will be playing “best ball” to expedite playing time.

Registration on the day of the event is first come first served (max. 72 players).

1.) Golfer Name: _____ Ph: _____

Email: _____

2.) Golfer Name: _____ Ph: _____

Email: _____

3.) Golfer Name: _____ Ph: _____

Email: _____

4.) Golfer Name: _____ Ph: _____

Email: _____

Entry Fee due by: Friday, August 6, 2021

Proceeds from this event benefit our local schools Scholarship Program & the Desi Geestman Foundation.

Make check payable to: Crescenta Valley Chamber of Commerce

Mail to: 3131 Foothill Blvd., #D, La Crescenta, CA 91214

Fax this registration form to: 818-248-9625

OR you may register on the web at: www.CrescentaValleyChamber.org/golf

Method of Payment:

Check enclosed / Amount: \$ _____.00

Cash \$ _____.00

Charge my credit card: VISA MasterCard (Amount \$ _____.00)

Card Number: _____

Name on Card: _____

Signature: _____

Expiration Date: _____ Zip Code: _____ Sec. Code _____