

**4th Annual Caddyshack Golf Tournament benefiting
Coastal Mountain Youth Academy and San Juan Chamber of Commerce**

San Juan Hills Golf Club, 32120 San Juan Creek Rd, San Juan Capistrano, CA 92675

Monday May 16, 2011. 11:30 am Registration, 1:00 Shot Gun Start

Reserve Your Foursome Today!

Name	Name
Company	Company
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Fax	Fax
Email	Email

Name	Name
Company	Company
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Fax	Fax
Email	Email

Golf Registration Information

of Golf Foursomes _____ @ \$550 = _____
 # of Single Players _____ @ \$150 = _____
 # of Dinner only _____ @ \$40 = _____
Totals _____

Totals

Sponsorship Opportunities

<p>Master Sponsor \$ 3,000.00 Name and Logo on 3' x 5' Banner at event One complimentary golf foursome & dinner with a Pro Company name in all promotional materials Prominent listing in the evenings event program Verbal recognition during award ceremony Display table at event Company write up in the Coastal Mountain and San Juan Chamber Newsletters- 2000 readers Company Name displayed at the tee and green of your choice</p> <p>Putting Contest Sponsor \$500.00 Company sign & Handout at contest Hole One complimentary playing spot & Dinner</p>	<p>Pro Sponsor \$1500.00 Name and Logo on shared 3' x 5' Banner at event One complimentary golf foursome & dinner Company name in all promotional material Verbal recognition during award ceremony Listing in the evenings event program Company write up in the Coastal Mountain and San Juan Chamber Newsletters- 2000 readers Company Name displayed at the tee or green</p> <p>Goodie Bag Sponsor \$1000.00</p> <p>Tee or Green Sponsor \$200.00 Company Name displayed at the tee or green</p>
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Sponsor Information

Type of sponsorship _____

\$ _____

Company Name as you wish on material: _____

We hereby authorize Coastal Mountain Youth Academy to reserve the chosen sponsorship for use by the above company during the 2nd Annual Coastal Mountain Youth Academy Golf Tournament, and to use the company's name and/ or logo in the publicity for the tournament, and agree to the terms and conditions required for said use.

Make Checks payable to: Coastal Mountain Youth Academy

Method of Payment: ___ Check ___ Visa ___ Master Card

Card# _____

Name: _____

Phone: _____ Email: _____

Company: _____

Address: _____

City, Sate, Zip: _____

Mail or Fax to:
Coastal Mountain Youth Academy
P.O. Box 1198
San Juan Capistrano, CA. 92693
Fax # 949-481-7604
www.cmya.org