

2024 BOBBY JACKSON FOUNDATION GOLF CLASSIC

YOCHA DEHE GOLF CLUB
14455 CA-16 • BROOKS, CA
530-796-GOLF (4653)

MONDAY, JULY 29, 2024



• • • • SCHEDULE OF EVENTS • • • •

8:30 AM **REGISTRATION**
 with Breakfast Burritos

10:00 AM **SHOTGUN TEE OFF**
 SCRAMBLE FORMAT

DINNER **AUCTION**
 & **AWARDS**

For more information and to secure your
sponsorship, please contact Greg Elmasian
at (916) 548-9555 or gregelmasian@gmail.com



B O B B Y JACKSON FOUNDATION GOLF CLASSIC

• • • 20~~X~~24 • • •

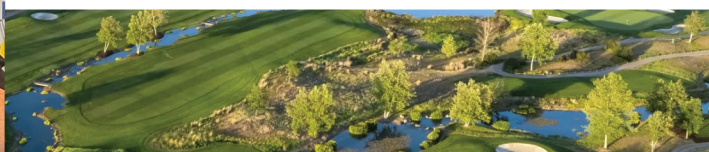
YOCHA DEHE GOLF CLUB
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MONDAY, JULY 29, 2024

**MAIL FORM
AND PAYMENT TO:**
Bobby Jackson Foundation
P.O. Box 221222
Sacramento, CA 95822

CALL:
Contact Greg Elmasian
at (916) 548-9555

EMAIL:
gregelmasian@gmail.com



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the BOBBY JACKSON FOUNDATION GOLF CLASSIC

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YOCHA DEHE GOLF CLUB

2024 BOBBY JACKSON FOUNDATION GOLF CLASSIC

TOURNAMENT PRICING

PLAYER REGISTRATIONS (no sponsorship benefits)

- INDIVIDUAL PLAYERS \$300
- REGULAR FOURSOMES \$1,200
- CORPORATE SPONSOR
FOURSOMES (includes signage on hole) ... \$1,500

SPONSORSHIPS

- TITLE SPONSOR \$15,000
- DINNER SPONSOR.....\$5,000
- GIFT BAG SPONSOR.....\$2,500
- BEVERAGE SPONSOR.....\$2,500
- LUNCH SPONSOR.....\$2,500
- PHOTOGRAPHY SPONSOR.....\$1,500
- PUTTING SPONSOR\$1,500
- BOOTH ON HOLE SPONSOR.....\$1,000
- TEE SPONSOR \$300
- CLOSEST TO PIN SPONSOR
(PER HOLE) \$250

Putting, Long Drive, Men and Women, Closest to Pin, Hole in one Car, and Hole-in-one \$10,000 split with Foundation.



EVENT PARTICIPATION

CONTACT INFORMATION:

NAME: _____

NAME FOR RECOGNITION (if different from above): _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL: _____

PHONE: () _____

SPONSORSHIP LEVELS:

- ☐ \$15,000 ☐ \$5,000 ☐ \$4,000 ☐ \$2,500
☐ \$1,500 ☐ \$1,000 ☐ \$300 ☐ \$250

TOURNAMENT PLAYER FEES:

INDIVIDUAL PLAYER(S) () x \$300 each = \$ _____

REGULAR FOURSOME () x \$1,200 each = \$ _____

CORPORATE SPONSOR
FOURSOME () x \$1,500 each = \$ _____

DONATION OPTION:

SORRY, I CANNOT ATTEND.

Please accept my donation in the amount of \$ _____

TOTAL AMOUNT \$ _____

METHOD OF PAYMENT:

- ☐ VISA ☐ MASTERCARD ☐ DISCOVER
☐ AMEX ☐ PAYPAL ☐ SQUARE

CREDIT CARD #: _____

V-CODE: _____ EXP: _____ BILLING ZIP: _____

MAIL FORM AND PAYMENT TO:

Bobby Jackson Foundation, P.O. Box 221222, Sacramento, CA 95822
(Tax Deductible) 501C3 Tax ID #47-3703171

REGISTER & PAY ONLINE:

BobbyJacksonFoundation.org

CALL: (916) 548-9555



PLAYERS NAMES

GOLFER 1 (LEAD CONTACT)

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL: _____

PHONE: () _____

GOLFER 2

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL: _____

GOLFER 3

NAME: _____

COMPANY: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL: _____

GOLFER 4

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL: _____

