



**Swinging for
SCRAPPI**

North Bay Cancer Alliance presents...

Swinging for SCRAPPI

2nd Annual Golf & Tennis Tournament - September 23, 2010



• Registration Form - Individual Players & Teams •

WHEN: Thursday, September 23rd, 2010

WHERE: Fountaingrove Golf and Athletic Club
1525 Fountaingrove Pkwy, Santa Rosa, CA 95403

EVENT SCHEDULE

7:00 am - **Golf registration**,
continental breakfast & driving range open
8:30 am - Golf Shotgun Start

8:00 am - **Tennis registration** & continental breakfast
8:45 am - Warm up
9:00 am - Tennis Tournament Starts

12:30 pm - Reception, silent auction opens
1:30 pm - Lunch, awards, live auction

OF TICKETS - 2010 ENTRY FEE INFORMATION

- _____ \$175 * - Individual Golf Entry Fee
- _____ \$110 * - Fountaingrove Member Fee
* Includes golf cart, continental breakfast & lunch
- _____ \$100 - Tennis Fee
* Includes continental breakfast & lunch
- _____ \$50 - Lunch / Auction Only
- _____ I would like to sponsor or donate to the silent or
live auction (See Sponsorship & Auction Donation Form)
- _____ I cannot attend, but would like to make
a contribution.

Entry deadline: September 16, 2010

Amount enclosed: \$ _____

PAYMENT INFORMATION

Check enclosed made payable to North Bay Cancer Alliance or NBCA.

**Please note "Swinging for SCRAPPI"
on your check.**

THANK YOU FOR YOUR TAX DEDUCTIBLE DONATION!

NBCA is a non-profit 501(c)(3) corporation. Tax ID# 01-0821673

Auction contact: Marilyn Dunlavy
5429 Shallows Place East, Santa Rosa, CA 95409

**Please return this form to the above address
and retain a copy for yourself.**

PLAYER 1: GOLF avg. score/Sept. Index _____ TENNIS Level _____

Name: _____

Mailing address: _____

City, state, zip: _____

Phone: _____ Email: _____

PLAYER 2: GOLF avg. score/Sept. Index _____ TENNIS Level _____

Name: _____

Mailing address: _____

City, state, zip: _____

Phone: _____ Email: _____

PLAYER 3: GOLF avg. score/Sept. Index _____ TENNIS Level _____

Name: _____

Mailing address: _____

City, state, zip: _____

Phone: _____ Email: _____

PLAYER 4: GOLF avg. score/Sept. Index _____ TENNIS Level _____

Name: _____

Mailing address: _____

City, state, zip: _____

Phone: _____ Email: _____

LUNCH ONLY GUESTS (Add additional names on back of form.)

Name: _____

Mailing address: _____

City, state, zip: _____

Phone: _____ Email: _____

Name: _____

Mailing address: _____

City, state, zip: _____

Phone: _____ Email: _____

Name: _____

Mailing address: _____

City, state, zip: _____

Phone: _____ Email: _____