



STONEBRAE

<http://www.stonebrae.com/golf.html>

Home of the Nationwide Tour
Stonebrae Classic from April 12th through 18th, 2010



Resurrection Greek Orthodox Church Golf Tournament

In Loving Memory of Alex P. Phillips

Proceeds assist with International Orthodox Christian Charities, Kids 'N Cancer, Project Mexico, FESCO, and Salvation Army Annual Thanksgiving Day Dinner and Food Distribution for Homeless

Tax I.D. Number: 94-2145422

Monday, May 10, 2010
TPC Stonebrae Golf & Country Club
Hayward, California

Tournament Day Schedule

9:30 a.m. - Registration

11:00 a.m. - Golf (shotgun start)

5:00 p.m. – No Host Cocktails, Silent Auction, Greek Dinner, Awards and Raffle Prizes at:

Resurrection Greek Orthodox Church, 20104 Center Street, Castro Valley

Golf Awards – Plenty of Great Prizes will be awarded!

Hole-in-One-Prize ~ Closest-to-the-Pin Prizes ~ Accuracy Drive (Men & Women)
Longest Drive (Men & Women) ~ Putting Contest ~ Sweepstakes Hole

Registration Fee: \$250 (Individual) or \$900 (Foursome)

Registration Fee includes: 18 holes of Championship Golf, Challenging Practice Range, Golf Cart, BBQ Lunch, Beverage, Awards, and Greek Dinner.
Registered/Paid Tournament Players are eligible to play course at a future date for a Special Price of \$40 each!

Second Page of this Announcement includes a Registration Form



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Registration Forms must be received by April 20, 2010

Player Registration including all Meals: \$250 (Individual) or \$900 (Foursome)

1. Name: _____
(Team Contact Person)

Address: _____

E-Mail: _____

Phone: _____

2. Name: _____

Address: _____

E-Mail: _____

Phone: _____

3. Name: _____

Address: _____

E-Mail: _____

Phone: _____

4. Name: _____

Address: _____

E-Mail: _____

Phone: _____

Dinner-Only Registration: \$50 per Person

Name: _____

Name: _____

Name: _____

Name: _____

Registration Summary / Payment Information

____ (no.) Golfers x \$250 = \$_____

Payment Method: ___ Check (enclosed) ___ Credit Card (Visa or M/C)

____ (no.) Foursomes x \$900 = \$_____

Cardholder Name: _____

____ (no.) Dinners only x \$50 = \$_____

Billing Address: _____

Sponsorship = \$_____

TOTAL DUE: \$_____

Card No.: _____ Exp. Date: _____

Cardholder Signature: _____

Please complete this Registration Form with Credit Card information or Check Payable to
“**Resurrection Greek Orthodox Church**” and mail it to **20104 Center Street, Castro Valley, CA 94546**

For more information, please call Kristina Pinto at (510) 581-8950

****There are a limited number of spaces available, so please register early****