Invites you to our
7th Annual Golf Classic

Eagle Sponsor $3,500
Four golfers, Sponsor signage, recognition plaque, recognition in tournament program and on site, dinner reservations for four.

Long Drive Sponsor $3,000
Four golfers, Sponsor signage, recognition in tournament program and on site, dinner reservations for four.

Closest to the Pin Sponsor $3,000
Four golfers, Sponsor signage, recognition in tournament program and on site, dinner reservations for four.

Birdie Sponsor $2,500
Four golfers, Sponsor signage, recognition in tournament program and on site, dinner reservations for four.

Foursome $600

Individual Golfer $150

Early Birds!
Register by August 1st
Save $25/per golfer

Contributions are tax deductible within legal limits.
The University’s Tax ID number is 94-1156266
Questions: Please contact Sherry McGee
smcgee@pacific.edu or (209) 946-3116

AmerisourceBergen/Good Neighbor Pharmacy
David Collum, Wayne Ketchum, Marie McNutt, Mike Quick, Jeff Sharkey, and Robert Vera

Raleys
Bill Okuno ’81, and Flint Pendergraft ’81

Save-Mart
Erin Cabelera ’98, Phil Smith ’82, and Michele Snider ’75

University of the Pacific
Thomas J. Long School of Pharmacy & Health Sciences
Steve Burdick, Nancy Deguire ’89, Sherry McGee ’02, Mary Nakamura, Todd Davenport, Physical Therapy, and Carol Hirota, Speech-Language Pathology

Physical Therapy Student Scholarship Benefit
Sunday, September 20, 2009
The Reserve at Spanos Park
6301 West Eight Mile Road
Stockton, CA 95219

Sponsored by:
This event continues to grow each year, and this year we are excited to be a part of this tournament as we raise money to benefit Physical Therapy students. Join us in providing opportunities for future Physical Therapists to pursue their education.

Join us for the Seventh Annual Pacific Scholarship Golf Classic!

7th Annual Golf Classic Schedule of Events
Sunday, September 20, 2009

5:00 P.M.  Raffle Drawing
4:00 - 5:00 P.M.  Awards Dinner
11:00 A.M.  Shotgun Start
9:30 - 10:45 A.M. Golfing Skills Clinic
11:00 A.M.  Four-person Best Ball Format: On course Box Lunch
4:00 - 5:00 P.M. Cocktails
5:00 P.M.  Awards Dinner

7:00 P.M.  Dinner & Dance at The Pacific Club

$____________Check Total  (Please make checks payable to University of the Pacific)   OR  Please charge $___________ to my ___Visa ___MC ___AmEx (check one)

Please reserve a place for a ____Golfing Foursome - $600 / Early bird foursome ___$500 (Before 8/1) or ____Individual Golfer ___$150 / Early bird golfer ___$125 (Before 8/1)

Please list all players’ information on the right panel and Sponsorship information on back panel.

Mail or fax entry form to:  Thomas J. Long School of Pharmacy and Health Sciences, Student Benefit:  Physical Therapy  Speech-Language Pathology
Attn:  Sherry McGee, University of the Pacific, 3601 Pacific Avenue, Stockton, CA  95211 -or- fax (209) 946-2410

Golf Classic Registration

Contact Name: __________________________________________________ Company Name: __________________________________________________________
Name on Credit Card: _____________________________________________ Credit Card Number: ___________________________ Exp. Date: _______ VPN code: _______
Billing address of Credit Card Holder: __________________________________________________________
Bus. Phone_________________________ Fax: ______________________ E-mail: _______________________

$____________Check Total  (Please make checks payable to University of the Pacific)   OR  Please charge $___________ to my ___Visa ___MC ___AmEx (check one)

Please reserve a place for a ____Golfing Foursome - $600 / Early bird foursome ___$500 (Before 8/1) or ____Individual Golfer ___$150 / Early bird golfer ___$125 (Before 8/1)

Please list all players’ information on the right panel and Sponsorship information on back panel.

Mail or fax entry form to:  Thomas J. Long School of Pharmacy and Health Sciences, Student Benefit:  Physical Therapy  Speech-Language Pathology
Attn:  Sherry McGee, University of the Pacific, 3601 Pacific Avenue, Stockton, CA  95211 -or- fax (209) 946-2410

Golfer #1
Name: __________________________________________________________
Address: __________________________________________________________
City: ____________________ State: _______ Zip: __________
E-mail address: __________________________________________________
Phone Number: __________________________________________________

Golfer #2
Name: __________________________________________________________
Address: __________________________________________________________
City: ____________________ State: _______ Zip: __________
E-mail address: __________________________________________________
Phone Number: __________________________________________________

Golfer #3
Name: __________________________________________________________
Address: __________________________________________________________
City: ____________________ State: _______ Zip: __________
E-mail address: __________________________________________________
Phone Number: __________________________________________________

Golfer #4
Name: __________________________________________________________
Address: __________________________________________________________
City: ____________________ State: _______ Zip: __________
E-mail address: __________________________________________________
Phone Number: __________________________________________________

☐ Yes, I will attend the dinner
☐ Yes, I will attend the dinner
☐ Yes, I will attend the dinner
☐ Yes, I will attend the dinner

☐ Event Sponsor: please see sponsor panel
☐ Foursome  ☐ Individual Golfer