

Central California Chapter
IAPMO Golf Tournament
Entry/Sponsor Form

Golfer Information:

Name: _____

Address: _____

City _____ **State:** ____ **Zip Code** _____

Phone: _____ **Cell:** _____

Sponsor Information:

Company/Individual: _____

Contact Person: _____

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Email: _____ **Phone:** _____

Sponsor Levels:

Platinum: \$1,000 Gold: \$750 Silver: \$500

Bronze: \$250

Single Golfer \$125

Contacts: Mo Salberg----Phone: 408-656-7254

Email: martinsalberg@aol.com or

**Please send your entry forms and check
(made payable to CCCIAPMO) to Mo Salberg
at:**

**15466 Los Gatos Blvd Suite 109 PMB49 Los
Gatos CA 95032**