



2nd Annual

TOP GOLF TOURNAMENT

MAY 18, 2024 | 10AM - 1PM
1700 FREEDOM WAY, ROSEVILLE CA 95678

ACTA IS A NON-PROFIT - DONATIONS ARE NOT TAX DEDUCTIBLE

Early Bird Registration

Anyone registered by **March 31st**, will also be entered into a raffle for the chance to win a \$150 cash prize

EARLY BIRD PRICING

By March 31st

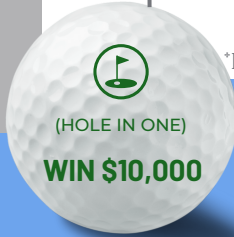
INDIVIDUAL REGISTRATION

\$165.00 / Person

TEAM REGISTRATION

Team of 4 **\$150** / Person

Team of 6 **\$135** / Person



(HOLE IN ONE)
WIN \$10,000

*LIMITED AMOUNT AVAILABLE

*3 shots per ticket

HOLE-IN-1 TICKETS

Pre-Purchased

\$15 / TICKET

At the Door

\$25 / TICKET

For more information email jmojica@actrade.ac

REGULAR PRICING

INDIVIDUAL REGISTRATION

\$180.00 / Person

TEAM REGISTRATION

Team of 4 **\$165** / Person

Team of 6 **\$150** / Person

*PRICING INCLUDES GOLF, FOOD, & MOST ALCOHOL

ALL REGISTRATIONS MUST BE RECEIVED NO LATER THAN MAY 3RD

RAFFLE TICKETS

Pre-Purchased

1 TICKET - **\$10**

3 TICKETS - **\$27**

5 TICKETS - **\$40**

20 TICKETS - **\$140**

At the Door

1 TICKET - **\$15** 3 TICKETS - **\$35**

5 TICKETS - **\$45** 20 TICKETS - **\$150**



| | | | # of H-in-1 Tickets | # of Raffle Tickets |
|-----------|-------------|-------------|---------------------|---------------------|
| Golfer #1 | Phone _____ | Email _____ | _____ | _____ |
| Golfer #2 | Phone _____ | Email _____ | _____ | _____ |
| Golfer #3 | Phone _____ | Email _____ | _____ | _____ |
| Golfer #4 | Phone _____ | Email _____ | _____ | _____ |
| Golfer #5 | Phone _____ | Email _____ | _____ | _____ |
| Golfer #6 | Phone _____ | Email _____ | _____ | _____ |

*Fill out and return via email to jmojica@actrade.ac

Check or credit card accepted



CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Card #: _____ Sec. #: _____ Exp: _____

Visa MasterCard Discover American Express

Name on Credit Card: _____

Address on credit card: _____ City: _____ Zip: _____

Phone: _____

Payment for: (please check all that apply for this payment only)

ACTA Deluxe Membership - \$2500.00

ACTA Full Membership - \$1800.00

ACTA Associate Membership - \$1200.00

Class Fees \$ _____

Sponsorships \$ _____ **Level:** _____

Other \$ _____ **Description:** _____

Signature: _____ Date: _____

◆ **Email my receipt to:** _____

Fax Form to (916) 265-1982 or e-mail to jmojica@actrade.ac