



# 2nd Annual TOP GOLF TOURNAMENT

MAY 18, 2023 | 10AM - 1PM  
1700 FREEDOM WAY, ROSEVILLE CA 95678

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

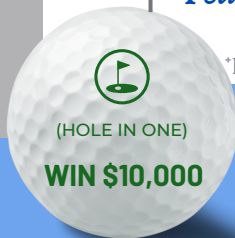
## Early Bird Registration

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

## HOLE-IN-1 TICKETS

Pre-Purchased  
**\$15** / TICKET

At the Door  
**\$25** / TICKET



\*LIMITED AMOUNT  
AVAILABLE

\*3 shots per ticket

## EARLY BIRD PRICING

By March 31st

INDIVIDUAL REGISTRATION

**\$165.00** / Person

TEAM REGISTRATION

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

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

\*PRICING INCLUDES GOLF, FOOD, & MOST ALCOHOL

## REGULAR PRICING

INDIVIDUAL REGISTRATION

**\$180.00** / Person

TEAM REGISTRATION

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

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

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**



For more information email [jmojica@actrade.ac](mailto:jmojica@actrade.ac)

			# 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](mailto: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](mailto:jmojica@actrade.ac)**