



**Santa Maria-Bonita
School District
May 6th, 2017
18th Annual
Golf Tournament
And
3rd Annual
5K Run
To Support**

COMMITTEE MEMBERS

CANDY BELL
NANCY GARZA
PATTY GRADY
JEREMY HAWKE
REBECCA HERRICK
HAROLD LITWILER
MARK MULLER

MARGOT OLIVARRIA
MARGARET ONTIVEROS
THERESA SANCHEZ
JEANIE STELLER
AL TORRES
VICTOR VELAZQUEZ
BRIAN ZIMMERMAN



For additional information
Contact Paula Elkins
805-361-8111
E-Mail: pelkins@smbsd.net

Mark your calendars!

Saturday, May 6, 2017

5K Run/Walk Golf Tournament

Form a team, or come yourself,
then get ready...For a morning of
sunshine and fun at our 3rd Annual
5K Run!

**JOIN US AT THE CYPRESS RIDGE
GOLF COURSE IN ARROYO GRANDE**

**5K Run Sign-In: 7:30 am to 8:15
am**

Race Starts at 8:30 am

**Cost: \$25.00 including
goodie bag & prizes!**

Enjoy a relaxing day of
golf, lunch, BBQ
dinner, and prizes
Must be present to win

**JOIN US AT THE CYPRESS RIDGE GOLF
COURSE IN ARROYO GRANDE**

Tee time: 10:30 "shotgun"

Start Scramble format

Sign-in time: 8:30 am to 10:00 am

**Early Bird Cost \$110 per person until
4/7/2017**

After 4/7/2017 \$125

Double Play: Run, Golf or Both \$130

ALL ENTRIES INCLUDES 10 TICKETS FOR DOOR PRIZES!

Submit registration form and entry fee for your
entire team to Paula Elkins, pelkins@smbd.net

Office of The Superintendent

Separate checks are fine, but submit all together

Make check Payable to: **SMBSD-DARE**

REGISTRATION SMBSD 5K RUN/WALK SATURDAY, MAY 6th, 2017

Name	
Name	
School, Department Name or Business	
E-Mail	
Phone Number	

Cost \$25.00 per person—\$15.00 for 17 and under

SMBSD Track Teams \$10.00 per student (\$150.00 maximum)

This agreement includes a release of liability and waiver of legal rights and deprives you of the right to sue SMBSD and other parties. I hereby represent that I am in good health and physically fit to participate in the event. I hereby release, waive, and covenant not to sue SMBSD and all event sponsors.

I agree to the above waiver. I hereby accept and agree to terms of this agreement.

Signature of Participant(s): _____

I agree to the above waiver for my child(ren).

REGISTRATION SMBSD GOLF TOURNAMENT SATURDAY, MAY 6th 2017

ALL of our team members have confirmed and have agreed to play together

Our team will be representing	Team Member
School, Department Name or Business	E-Mail
Team Captain	Team Member
E-Mail	E-Mail
Phone Number	Team Member
	E-Mail

Experienced Intermediate Hacker First Timer

Put me in coach! I'd like to play, but I need to be placed on at team.

Co-Ed Division: (2 males & 2 females or 1 male & 3 females)

Total Cost

Complete and mail this form to Superintendent's Office, SMBSD, 708 S. Miller St. Santa Maria, CA 93454

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