



La Costa Canyon High School
 Maverick Athletic Boosters
 Presents our 17th Annual Fundraiser
**Golf Tournament and Auction at
 THE CROSSINGS GOLF COURSE**
 Thursday, October 25, 2012



**10:30 am - Check-In/Driving Range/Putting Contest; 12:30 pm - Shotgun/Four Person Scramble
 5:30 pm - Silent Auction/Hosted Cocktail Hour; 6:30 pm - Dinner/Prizes/Raffle/Live Auction**

GOLF PACKAGES

- _____ **Golf Package** (Includes: Golf, Lunch, Cocktail Hour, Auction and Dinner) \$250
- _____ **Maverick Player Pack** (Includes: 2 Mulligans, Maverick Stud Poker Game, Putting Contest and 2 beer tickets) \$50
- _____ **LCC Coach Sponsor**
- Coach's Name: _____ (Please notify coach) \$150
- _____ **Maverick Foursome** (Includes: Golf, Lunch, Cocktail Hour, Auction, Dinner for all 4 players, plus 4 Maverick Packs) \$1,100
- ***Must be paid by one check or credit card***

TOTAL: \$ _____

Player Name: _____ Sport Credit: _____
 Playing Partner #1 _____ Sport Credit: _____
 Playing Partner #2 _____ Sport Credit: _____
 Playing Partner #3 _____ Sport Credit: _____

SPA PACKAGE

Treatments include: Personal Massage, GloRenew Facial, Herbal Moor Mud Wrap or Awaken Body Polish

- _____ #1 – 50 minute spa treatment of your choice (\$99 – retail \$110)
 - _____ #2 – (2) 50 minute spa treatments of your choice (\$199 – retail \$220)
 - _____ #3 – 50 minute spa treatment of your choice plus classic mani and pedi (\$179 – retail \$195)
- ** Contact Sheraton Spa to book appointment (760) 760.827.2700 Note: Payment made directly to spa for services****

BEGINNER GOLF CLINIC – Meet at Practice area @ 3:00 pm

_____ Conducted by PGA Staff at the Crossings (Includes: 2 hour session, Cocktail Hour, Auction and Dinner) \$150

DINNER AUCTION ONLY – Can be combined with Spa Packages

_____ Includes Cocktail Hour, Dinner and Auction \$75

_____ I can't attend, but would like to make a donation \$ _____

Name: _____ **Sport Credit:** _____ **Total:** \$ _____

Name: _____ Company: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Email: _____

Total Payment: \$ _____ (Tax ID #33-0708190)

**Please make checks payable to LCC Foundation, One Maverick Way, Carlsbad, CA 92009
 If you wish to use a credit card, please provide the following information or call the office at 760.436.6138 x6021**

Visa/MC/Amex Account Number: _____