



Glendale Youth Alliance Charity Golf Tournament

Monday, April 28, 2025

Brookside Golf Club

1133 Rosemont Ave., Pasadena, CA 91103

Event Schedule

8:30 AM	REGISTRATION
9:30 AM	PUTTING CONTEST
11:00 AM	SCRAMBLE TOURNAMENT (LUNCH ON THE COURSE)
4:00 PM	COCKTAIL HOUR
4:30 PM	DINNER, AWARDS & RAFFLE

GlendaleYouthAlliance.org

SPONSORSHIPS AVAILABLE!

See details on the back side.

For information, contact Ani Duzdabanyan-Manoukian
(818) 937-8021 or ADuzdabanyan@GlendaleCA.gov



Glendale Youth Alliance Present Charity Golf Tournament

GOLF PARTICIPANT & SPONSOR REGISTRATION FORM PLEASE RETURN BY APRIL 8, 2025

Mail to: Glendale Youth Alliance Attn: Ani Duzdabanyan-Manoukian
1255 S. Central Ave., Glendale, CA 91204

- Gold Level Sponsor \$5000 / Company banner on display, Sign sponsorship of a Green & Tee sign, Green & Cart fees, Lunch and Dinner for two Foursome
- Silver Level Sponsor \$2500 / Sign sponsorship of a Green & Tee sign, Green & Cart fees, Lunch and Dinner for a Foursome
- Foursome Package \$1350 / Green & Cart fees, Lunch and Dinner for a Foursome
- On Course Sponsor \$500 / One Tee sign and one Green sign
- Green Sponsor \$350 / Exclusive sponsor of one Green at the Tournament
- Tee Sponsor \$200 | Sign display at one Tee

NON-GOLFER SPONSOR

- Advertising Sponsor \$1500 / Banner, one Green sign, one Tee sign and Dinner for two
- Cart Sponsor \$1000 / Company name displayed on all Cart signs and one Tee sign
- Long Drive Sponsor \$500
- Closest to the Pin Sponsor \$500

GOLF TOURNAMENT FEES

- YES! I would like to register for the

Charity Golf Tournament!

- Golfer(s) @ \$350
- Non-Golfer(s) \$100 | Dinner only
(Call Ani Duzdabanyan-Manoukian **(818) 937-8021** for dinner reservations)

Sponsor

Company: _____
 Contact name: _____
 Phone: _____
 Email: _____

Golf participant information

Golfer's Name: _____
 Address: _____
 City/Zip: _____
 Day Phone: _____
 Email: _____

Golfer's Name: _____
 Address: _____
 City/Zip: _____
 Day Phone: _____
 Email: _____

Golfer's Name: _____
 Address: _____
 City/Zip: _____
 Day Phone: _____
 Email: _____

Golfer's Name: _____
 Address: _____
 City/Zip: _____
 Day Phone: _____
 Email: _____

Make Check payable to: **Glendale Youth Alliance**

Total payments _____

MC/VISA/AMEX Card#: _____ Exp. Date: _____

CSC #: _____ Billing Zip Code: _____ Phone: _____

Printed Name on Card: _____ Signature: _____

