



STAN FOSTER MEMORIAL GOLF TOURNAMENT CANDIDATE APPLICATION 2025

TOURNAMENT WILL BE HELD ON FRIDAY SEPTEMBER 12, 2025

*Candidate applications for the 2025 Tournament **must** be received by the committee via website: www.stanfostergolf.com, email: stanfostergolf@gmail.com, or directly to any Committee Member **no later** than March 31, 2025.*

ABOUT US

This tournament was established in memory of Stan Foster, a lifelong Vacaville resident and talented local athlete with a real affinity for the game of golf. When Stan lost his battle to cancer in 1993, his family (who still have strong and deep ties to the community) and friends could think of no better way to honor Stan and help people within our community than to establish this tournament.

“Our mission is to raise funds through our annual golf tournament by working as a team with our recipient who is going through a difficult time due to illness or a catastrophic event.”

Please answer all questions as completely as possible to help us in deciding the 2025 recipient for the Stan Foster Memorial Golf Tournament. This is a confidential questionnaire and will be reviewed by core committee members only. Please be detailed, and if necessary, add additional pages for comments as our selection will be based solely on this 4 page questionnaire. Please answer all questions to the best of your ability.

GENERAL INFORMATION

Date: _____

NAME OF CANDIDATE: _____ Date of Birth: _____

Address _____

Best Contact Number _____ Email _____

Marital Status _____ Name of Spouse _____

Names & Ages of others living at residence with candidate _____

If this questionnaire is being filled out by someone other than the candidate, please complete the following:

Name of Nominator/Contact _____ Phone Number _____

Email _____ Relationship to Candidate _____

For MINOR Candidates only: Please check one. The candidate under the care of:

_____ both biological parents, _____ one parent with legal guardianship, or _____ other

If other, please explain. If the candidate is selected, further documentation may be required by the committee.

TYPE OF ILLNESS & PROGNOSIS OR CIRCUMSTANCE THAT WARRANT'S TOURNAMENT'S HELP INCLUDING DATE OF ONSET: _____

HOW HAS THE ILLNESS/SITUATION AFFECTED YOUR DAY TO DAY LIFESTYLE? PLEASE BE AS DETAILED AS POSSIBLE & ADD ADDITIONAL PAGES AS NECESSARY: _____

Is the candidate currently employed? _____

Is the candidate still able to work? _____

Is the candidate receiving sick/family leave benefits? _____

Is the candidate receiving outside income? _____ If yes, type and end date? _____

Are/were there any other fundraisers, including internet fundraisers, planned for this candidate?

Is the candidate a student? _____ If yes, what school does he/she attend? _____

Does the candidate or their family belong to any special groups (i.e. Church, Scouts, Rotary, Moose, Elks)?

WHAT IS YOUR HOUSEHOLD INCOME?

◆ _____ Under \$30k ◆ _____ \$30k-\$60k ◆ _____ \$60k-\$80k ◆ _____ Over \$80k

WHY DO YOU THINK YOU OR CANDIDATE WOULD MAKE THE BEST RECIPIENT?

HOW WOULD YOU USE THE FUNDS GENERATED AT OUR TOURNAMENT?

THE TOURNAMENT IS ON SEPTEMBER 12, 2025. A TYPICAL TOURNAMENT DAY STARTS AT 9am, FOLLOWED BY DINNER AFTER GOLF, AT APPROXIMATELY 5:30, ENDING AROUND 8pm. IF THE RECIPIENT IS ABLE, ATTENDING THE TOURNAMENT DINNER IS REQUIRED. WILL YOU & YOUR FAMILY BE ABLE TO ATTEND?

◆ Yes _____ | ◆ No _____ | ◆ I'm Hopeful _____

WITH THE UNDERSTANDING THAT THE SUCCESS OF THE TOURNAMENT IS DETERMINED BY THE PARTICIPATION OF YOUR FAMILY & FRIENDS, DO YOU FEEL THAT YOUR GROUP COULD HELP WITH AT LEAST 4 GOLF FOURSOMES? NOTE: Golf is approximately \$160-\$175.00/golfer

◆ Yes _____ | ◆ No _____ | ◆ I'm Hopeful _____

RAFFLE & SILENT AUCTION ITEMS ARE NEEDED AS WELL. WE WOULD WORK WITH YOUR LIAISON FOR DONATIONS. IS THIS SOMETHING YOU COULD HELP WITH?

◆ Yes _____ | ◆ No _____ | ◆ I'm Hopeful _____

A LIAISON IS REQUIRED TO REPRESENT YOU AT OUR MONTHLY MEETINGS. WHO WOULD THAT BE? The liaison commitment is 4-6 months of attending our meetings to update us on the current health status of the recipient, as well as the status of family/friend participation.

LIAISON Name: _____

Phone: _____ Email: _____

CLOSEST FRIENDS/RELATIVES MOST LIKELY TO PARTICIPATE WITH CONTACT NUMBERS

1. _____	Phone _____
2. _____	Phone _____
3. _____	Phone _____
4. _____	Phone _____

If you or candidate is selected, a W-9 must be completed for tax purposes as your disbursement of the tournament proceeds are reported and taxable.**

You will be required to complete and return the W-9 no later than seven (7) days after your selection as the recipient.

ANY OTHER INFORMATION THAT WOULD BE HELPFUL TO THE COMMITTEE:

I CERTIFY THAT ALL INFORMATION IS TRUE & CORRECT. BY ENTERING MY NAME & HITTING SUBMIT and/or SIGNING BELOW, I AM CONFIRMING THAT I AM AWARE OF THIS APPLICATION BEING SUBMITTED ON MY BEHALF. IF CHOSEN AS A RECIPIENT, I GIVE THE STAN FOSTER MEMORIAL GOLF TOURNAMENT PERMISSION TO USE MY NAME & LIKENESS FOR ADVERTISING & MEDIA PURPOSES.

Full Legal Name of Candidate Date

If MINOR, Parent/Guardian Full Legal Name Date

Thank you for your interest in becoming the Recipient of the 2025 Stan Foster Memorial Golf Tournament Fundraiser.

This is a CONFIDENTIAL Questionnaire. It must be received no later than **March 31, 2025**

****PLEASE CONSULT WITH YOUR TAX AND/OR LEGAL ADVISORS TO DETERMINE HOW THIS INFORMATION AND/OR YOUR SELECTION MAY IMPACT YOUR SPECIFIC SITUATION**

*If you need assistance in completing this application, please contact Sandra Esparza.
707-689-7568*

Applications can also be submitted to stanfostergolf@gmail.com or delivered directly to a committee member.

**Stan Foster Memorial Golf Tournament
PO BOX 5182
Vacaville, CA 95696
Tax ID # 90-0164843**

Stan Foster Golf is a 501(c)(3) non-profit organization.
WWW.STANFOSTERGOLF.COM

