



MARTA DRON MEMORIAL
20th ANNUAL GOLF TOURNAMENT
MAY 13, 2020
REGISTRATION FORM

I/WE WISH TO PARTICIPATE AS (check all that apply):

☐ Corporate Sponsor (\$550) ☐ Tee Box Sign Sponsor (\$100) ☐ Player (\$125) ☐ Trilogy Golf Club Member Driving Own Cart* (\$85)
[Note that only one person per cart receives this discount]
☐ Event Sponsor (Cash or In Kind Donation and/or Auction Item)

PRIMARY CONTACT

Name (Please print): _____ Phone: _____ Email: _____

Address (Line 1): _____

Address (Line 2): _____

Company: _____

City: _____ State: _____ ZIP: _____ Trilogy Golf Club Member With Own Cart? Y / N

ADDITIONAL PLAYERS (We play in foursomes, other players will be teamed up on the day)

Player 2 Name: _____ Player 2 Phone: _____ Member? ☐

Player 3 Name: _____ Player 3 Phone: _____ Member? ☐

Player 4 Name: _____ Player 4 Phone: _____ Member? ☐

MAIL COMPLETED FORM
WITH CHEQUE OR
CREDIT CARD PAYMENT
DETAILS TO:

Rio Vista Rotary Club
P.O. Box 513
Rio Vista, CA 94571

ADDITIONAL DINNER GUESTS (\$45 each)

I would like to bring an additional _____ guests to dinner.

NUMBER OF TEE BOX SIGNS AT \$100 EACH (We will contact you for text, slogans and logos) _____

DONATIONS

I would like to donate the following cash, service or auction items (please list with approximate values to help the auctioneer):

PAYMENT METHOD

☐ Cash ☐ Credit Card TOTAL PAYMENT AMOUNT \$ _____



I hereby authorize Rotary Club of Rio Vista to charge the above amount to the following credit card:

Name On Card: _____ Card Number: _____ Exp. Date: ____/____ Security Code: _____

Cardholder Signature: _____