

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) Ball Drop Tickets (\$5 each or \$10 for 3) | |
|--|-------------------------------------|-------------------------|---|--|
| 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: | | | |
| ADDITIONAL PLAYERS (W | e play in foursomes, other player | s will be teamed up o | WITH CARI | L COMPLETED FORM H CHECK OR CREDIT D PAYMENT DETAILS |
| Player 2 Name: | Player | 2 Phone: | TO: | Vista Rotary Club |
| Player 3 Name: | Player | 3 Phone: | P.O. | Box 513 Vista, CA 94571 |
| Player 4 Name: | Player | 4 Phone: | | |
| DONATIONS | | | | |
| PAYMENT METHOD Cash Credit Ca VISA MasterCard AMERICAN DOPRESS | ard TOTAL PAYMENT AMO | DUNT \$ | | |
| I hereby authorize Rotary Club of | f Rio Vista to charge the above amo | ount to the following c | eredit card: | |
| Name On Card: | Card Number: | Exp. | Date:/ | Security Code: |
| Cardholder Signature: | | | | |