



Tax ID# 77-0262454

28th Annual Flower Valley Golf Classic
 Friday, May 17, 2019
 MISSION CLUB , Lompoc, California

Please fill in all the blanks or enter "N/A"

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Are you a member of the MISSION CLUB ? Yes No Membership No _____

Do you have your own cart? Yes No Current Index _____ Do Not Have a Handicap SCGA No. _____

Email: _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Are you a member of the MISSION CLUB ? Yes No Membership No _____

Do you have your own cart? Yes No Current Index _____ Do Not Have a Handicap SCGA No. _____

Email: _____

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Email: _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Are you a member of the MISSION CLUB ? Yes No Membership No _____

Do you have your own cart? Yes No Current Index _____ Do Not Have a Handicap SCGA No. _____

Email: _____

I am unable to attend. Enclosed is my tax-deductible donation of \$ _____

Enclosed is a check for _____ (# of players) x \$150. each = \$ _____

_____ (# of extra buffet dinners) x \$30 each = \$ _____

TOTAL \$ _____

**Make checks payable to Lompoc Hospital Foundation. Mail checks and entry form to:
 Lompoc Hospital Foundation, P. O. Box 883, Lompoc, CA 93438-0883**

Buffet dinner includes: entree, side dishes, bread, dessert & coffee/tea.
 Extra buffet dinner tickets available at \$30 each

