



**Golf Entry Form**

Registration \$150 (U.S. Funds) \$25 discount for Platinum Level club members

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a Platinum Level 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 Platinum Level 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 Platinum Level 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 Platinum Level 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 District 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