

PAYMENT OPTIONS

CHECK: Payable to Torrance Memorial Health Care Foundation

CREDIT: Visa Mastercard AMEX

Card # _____ Expiration Date _____

Name as it appears on the Card _____ AMOUNT \$ _____

Signature: _____

SEND TO: Torrance Memorial Health Care Foundation - 3330 Lomita Boulevard, Torrance, CA 90505-5073

Please provide the name and address of each player. Tournament rules and important information will be sent to each golfer 2 weeks before the event. Check-in at the tournament is by the individual players' last name. **If there is a change**, please call Bert Stewart in the Health Care Foundation at (310) 517-4728. This will help ensure a smooth check-in process.

Please check preference: I wish to play in the AM PM

(1) NAME _____ SHIRT SIZE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
DAY TIME PHONE _____ SCGA # _____
E-Mail _____ INDEX # _____

(2) NAME _____ SHIRT SIZE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
DAY TIME PHONE _____ SCGA # _____
E-Mail _____ INDEX # _____

(3) NAME _____ SHIRT SIZE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
DAY TIME PHONE _____ SCGA # _____
E-Mail _____ INDEX # _____

(4) NAME _____ SHIRT SIZE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
DAY TIME PHONE _____ SCGA # _____
E-Mail _____ INDEX # _____

SPECIAL NOTE: The value of a round of golf to each participant is \$175, which is not tax deductible. However, the remainder of your generous contribution is fully tax deductible. Torrance Memorial Medical Center's Federal Tax ID Number is 95-3528452.

Tournament Format: Shamble, Individual • MANDATORY "SOFTSPIKES"

Mulligans 2 for \$50 - will be available for purchase at the tournament
