

20th Annual

Player Registration

**Please fax completed form to 213-251-3497
by Friday, May 27, 2016, at the latest.**



Sponsor: _____

Player Name: _____

Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Fax Number: _____

E-mail: _____

SCGA/WSCGA#: _____ Most Recent Index _____

If no Number or Index is registered, please submit the scores from your last three rounds of golf:

GOLF TOURNAMENT FORMAT: TWO BEST BALLS OF THE FOURSOME (GROSS AND NET)

Players are asked to submit their SCGA or WSCGA Number and Index a month prior to the golf tournament, or provide the scores from their last three rounds of golf (in which case the Golf Tournament Committee will assign the handicap).

Please direct requests for additional forms to

Phone: (213) 251-3495 or (213) 251-3433.

Email: SArnold@ccharities.org or AGrehova@ccharities.org