



**CLSA Education Foundation Golf Tournament**  
 Friday, March 24, 2017 - Anaheim Hills Golf Course  
 6501 East Nohl Ranch Road, Anaheim, CA 92807  
**REGISTRATION FORM**

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAMES & EMAIL OF OTHER GOLFERS IN YOUR FOURSOME:

2ND NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

3RD NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

4TH NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

Please arrange a foursome for me.

I would like to sponsor a student (\$105) to play as part of my foursome.

**REGISTRATION**

**GENERAL INFORMATION & SCHEDULE**

<b>Golf Registration</b>	\$125 x _____ # of golfers =	\$ _____
Each golf registration includes: Round of Golf & Cart, Lunch, Awards Reception and Raffle		
<b>Register Foursome and Save</b>	<b>\$450 (Save \$50!)</b>	\$ _____
<b>Extra Awards Reception Tix</b>	\$ 30 x _____ # of tix =	\$ _____
<b>Upgrade Package</b>	\$ 30 x _____ # of tix =	\$ _____
Upgrade your golf registration to include: Two Mulligans, Putting Contest ticket, and 10 raffle tickets.		
<b>Mulligans (limit 2 per player)</b>	\$ 10 x _____ # of tix =	\$ _____
<b>Hole Sponsorship</b>	\$ 150	\$ _____
<b>Total</b>		\$ _____

**GENERAL INFORMATION**

**Golf Format : 4 Person Scramble**

Each \$125 golf registration fee includes: Round of Golf & Cart, Lunch, Awards Reception and Raffle. **Register a foursome and save!**

**Awards for:**

- Top Foursome (1st, 2nd & 3rd Place)
- Longest Drive
- Closest to the Pin
- Most Room for Improvement
- Putting Contest
- Hole-in-One Contest



**SCHEDULE**

11:00 AM	Registration Opens
1:00 PM	Shotgun Start
6:00 PM	Reception, Raffle & Awards

Awards Reception & Dinner to be held after the tournament at JT Schmid's Restaurant, 2610 E Katella Ave Anaheim, CA 92806

Registration Must be received by March 6th  
 Cancellation Policy: No refunds after March 8th

**PAYMENT INFORMATION:**

Total Enclosed \$ \_\_\_\_\_

Check Enclosed (Make checks payable to CLSA)

OR

Charge to:  Visa  MasterCard  American Express

Cardholder Name \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_

E-Mail Address for Receipt \_\_\_\_\_

Signature \_\_\_\_\_

**CLSA Education Foundation**  
 2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833  
 Phone: (916) 239-4083 Fax: (916) 924-7323 E-mail: Natalie@camgmt.com  
*Please Do Not E-Mail Payment Information*