

TWENTY-FIFTH CONSULAR CORPS GOLF / TENNIS INVITATIONAL

MONDAY, SEPTEMBER 26, 2011

PLATINUM SPONSOR PARTICIPANT REGISTRATION

REGISTER BY TUESDAY, SEPTEMBER 6, 2011

TO COMPLETE AND SUBMIT THIS FORM ELECTRONICALLY, GO TO <http://ceo.lacounty.gov/pdf/CCorps/platinum.pdf>

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E-MAIL: ctorres@ceo.lacounty.gov

MAIL: Los Angeles County Office of Protocol

500 West Temple Street, Room 375

Los Angeles, CA 90012

1 Name _____ Title _____ Company _____ Address _____ City _____ Zip _____ Bus. Phone (____) _____ Fax (____) _____ E-mail _____ <i>I will participate in ONE of the following tournaments:</i> <input type="checkbox"/> Shotgun Golf HCP _____ or normal score _____. <input type="checkbox"/> Tennis <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C player <input type="checkbox"/> International Bingo <i>I will attend the cocktail buffet:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No GUEST'S NAME _____ AFFILIATION _____ <input type="checkbox"/> No GUEST <i>I regret to all Invitational activities:</i> <input type="checkbox"/>	2 Name _____ Title _____ Company _____ Address _____ City _____ Zip _____ Bus. Phone (____) _____ Fax (____) _____ E-mail _____ <i>I will participate in ONE of the following tournaments:</i> <input type="checkbox"/> Shotgun Golf HCP _____ or normal score _____. <input type="checkbox"/> Tennis <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C player <input type="checkbox"/> International Bingo <i>I will attend the cocktail buffet:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No GUEST'S NAME _____ AFFILIATION _____ <input type="checkbox"/> No GUEST <i>I regret to all Invitational activities:</i> <input type="checkbox"/>
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