

THIRTIETH CONSULAR CORPS GOLF / TENNIS INVITATIONAL

MONDAY, OCTOBER 24, 2016

GOLD SPONSOR PARTICIPANT REGISTRATION

REGISTER BY MONDAY, OCTOBER 3, 2016

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

FAX: (213) 621-2084

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