

THIRTIETH CONSULAR CORPS GOLF / TENNIS INVITATIONAL

MONDAY, OCTOBER 24, 2016

PATRON SPONSOR PARTICIPANT REGISTRATION

REGISTER BY MONDAY, OCTOBER 3, 2016

TO COMPLETE AND SUBMIT THIS FORM ELECTRONICALLY, GO TO <http://ceo.lacounty.gov/pdf/CCorps/patron.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 _____
	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 _____
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GUEST'S NAME _____	
AFFILIATION _____	
<input type="checkbox"/> No GUEST	
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<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	
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International Bingo

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AFFILIATION _____

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Title _____

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AFFILIATION _____

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Company _____

Address _____

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GUEST'S NAME _____

AFFILIATION _____

No GUEST

I regret to all Invitational activities: