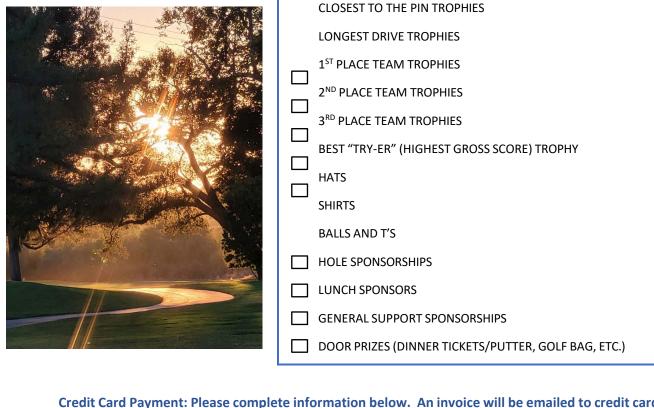


24THANNUAL PAST PRESIDENTS GOLF TOURNAMENT Friday, November 1, 2024

Sponsorship Form



Credit Card Payment: Please complete information below. An invoice will be emailed to credit card holder.

Name of Credit Card Holder: _______

Email: ______ Telephone: ______

Address: ______ Zip Code: ______

IMPORTANT NOTE: YOUR SELECTION IS NOT CONFIRMED UNTIL PAYMENT IS RECEIVED.
YOUR CONFIRMATION WILL BE HELD 7 CALENDAR DAYS TO ALLOW YOU AMPLE TIME TO MAIL YOUR CHECK TO: Travis Fisher – 191 E. Portal St. Oak View, CA – Tel: 805-297-6111, tfisher@simivalley.org

Sponsor Name: _____ Title: _____

CHECK PAYMENT: PLEASE MAKE CHECKS PAYABLE TO "CWEA - TRI-COUNTIES SECTION"

Company or Agency: _____ Amount Enclosed: _____

Address: _____ Telephone: _____

mail: ______

Thank you to those who have already contributed for your

\$150

\$150

\$150

\$150

\$150

\$150

Qty _____

Qty _____

Qty _____

\$250 (2 avail.)

\$150/Hole

\$100

support!!

