

THIRTIETH CONSULAR CORPS GOLF / TENNIS INVITATIONAL

MONDAY, OCTOBER 24, 2016

AIR/CRUISE DONOR

REGISTER BY MONDAY, OCTOBER 3, 2016

TO COMPLETE AND SUBMIT THIS FORM ELECTRONICALLY, GO TO <http://ceo.lacounty.gov/pdf/CCorps/aircruise.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/Department _____
	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
	<i>I regret to all Invitational activities:</i> <input type="checkbox"/>