Thirtieth Consular Corps Golf / Tennis Invitational

Monday, October 24, 2016

Participant Registration

Register by Monday, October 3, 2016

To complete and submit this form electronically, go to http://ceo.lacounty.gov/pdf/CCorps/dept.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 will participate in ONE of the following tournaments:

☐ Shotgun Golf

HCP _____ or normal score _____.

☐ Tennis

☐ A ☐ B ☐ C player

☐ International Bingo

I will attend the cocktail buffet: ☐ Yes ☐ No

Guest's Name _____

Affiliation _____

☐ No Guest

I regret to all Invitational activities: ☐

SUBMIT