



Leon Davis Memorial Golf Tournament



Registration Form

Please mail Registration Form by June 24, 2016

Contact: _____

Company: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Phone _____

Email: _____

Player #1: _____

Player #2: _____

Player #3: _____

Player #4: _____

If single player: Handicap _____ or

How often do you play? _____ times per week month year)

Gold Sponsor: \$5,000

Silver Sponsor: \$2,500

Bronze Sponsor: \$1,000

Tee Sponsor: \$500

Youth Team Sponsor: \$1,500

Payment Method

Enclosed is my check made payable to Holman UMC in the amount of \$ _____

Please charge \$ _____ to my VISA / MasterCard / American Express (Circle One)

Name on Card: _____

Billing Address: _____

Credit Card #: _____ Exp. _____ CCV# (on back) _____

I will not be able to attend. Please accept my donation in the amount of \$ _____

MAIL ENTRY FORM TO: Holman UMC
Leon Davis Memorial Golf Tournament
3320 West Adams Blvd.
Los Angeles, CA 90018

