

REGISTRATION



February 3, 2020
Monterey Peninsula
Country Club

Please check one. *See reverse side to list player information.

☐ **\$60,000 Double Eagle Sponsor**
(9 player spots)
(Tax Deductible Amount: \$55,920)

☐ **\$15,000 Birdie Sponsor**
(6 player spots)
(Tax Deductible Amount: \$12,255)

☐ **\$30,000 Eagle Sponsor**
(6 player spots)
(Tax Deductible Amount: \$27,255)

☐ **\$8,500 Par Sponsor**
(3 player spots)
(Tax Deductible Amount: \$7,090)

☐ **\$2,000 Single Player**
(Tax Deductible Amount: \$1,380)

Payment information:

☐ **Check Enclosed*** ☐ **Visa** ☐ **Mastercard** ☐ **American Express**

*Please make checks payable to Boys & Girls Clubs of Monterey County

Card Number _____

Exp. Date _____ **cvv** _____

Contact information:

Name: _____
(Please Print Clearly)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone #: _____ **Email:** _____

Please list Sponsor Name as it should appear on all materials and signs.

Publicized Sponsor Name: _____
(Please Print Clearly)

Send Completed Forms to:
Boys & Girls Clubs of Monterey County
Attn: Beth Menon
P.O. Box 97, Seaside, CA 93955
Phone: (831) 394 - 5171 ext. 228
bmenon@bgcmc.org
Tax ID# 94 - 1702753

THANK YOU FOR YOUR SUPPORT!
www.bgcmc.org / GFK20



PLAYER INFORMATION

1. Player Name: _____ **USGA Handicap Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

2. Player Name: _____ **USGA Handicap Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

3. Player Name: _____ **USGA Handicap Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

4. Player Name: _____ **USGA Handicap Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

5. Player Name: _____ **USGA Handicap Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

6. Player Name: _____ **USGA Handicap Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

7. Player Name: _____ **USGA Handicap Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

8. Player Name: _____ **USGA Handicap Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

9. Player Name: _____ **USGA Handicap Index:** _____
(Please Print Clearly) (First) (Last)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____