

REGISTRATION



February 8, 2021
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: \$57,045)

\$15,000 Birdie Sponsor (6 player spots)
(Tax Deductible Amount: \$13,005)

\$30,000 Eagle Sponsor (6 player spots)
(Tax Deductible Amount: \$28,005)

\$8,500 Par Sponsor (3 player spots)
(Tax Deductible Amount: \$7,465)

\$1,500 Single Player
(Tax Deductible Amount: MPCC Members: \$1,380; Non Members: \$1,180)

Tee Times:

Tee times 8:30am-1:30pm every 10 minutes. Please indicate your top 3 tee time preferences:

1. _____ 2. _____ 3. _____

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)

Company: _____

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/GFK21

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:** _____