

Sign-up Sheet
CSF June 2, 2016 Golf Tournament

Name _____
Address _____
City _____ State _____ Zip _____
Telephone (____) _____ Email _____

The balance of my foursome:

Name _____
Address _____
City _____ State _____ Zip _____
Telephone(____) _____ Email _____

Name _____
Address _____
CITY _____ State _____ Zip _____
Telephone (____) _____ Email _____

Name _____
Address _____
City _____ State _____ Zip _____
Telephone (____) _____ Email _____

Reception dinner only - 6:00 P.M. \$40 _____

I cannot attend, but please accept my donation of \$ _____

Please mail the completed entry form along with the payment (\$150.00 per player) to:

CSF
P.O. Box 290
San Ramon, CA 94583