## Sign-up Sheet CSF June 2, 2016 Golf Tournament

Name			_
Address			
City			
Telephone ()	Email		
The balance of my foursome:			
Name			
Address			
City	State	Zip	
Telephone()	Email		
Name			
Address			
CITY			
Telephone ()	Email		
Name			
Name			<del></del>
Address City			
Telephone ()			
1010p110110 ()			
Reception dinner only - 6:00 P.M.	¢40		
rveception diffile only - 0.00 F.ivi.	Ψ40		
I cannot attend, but please accept i	my donation of	\$	
. James attoria, but produce accept i	ing defiation of	Ψ	_
Please mail the completed entry for	rm along with th	he payment (\$150	0.00 per player) to:
CSF			
P.O. Box 290			
San Ramon, CA 94583			