PLEASE NOTE NEW MAILING ADDRESS

Nassau 20- 50- 30

SUNDAY, February 21, 2010

NAME _____ NAME _____ NAME _____ NAME _____

Time preferred (circle one): [**6:30** to **730**] [**7:30** to **8:30**] [**8:30** to **9:30**] [**9:30 or later**]

Cost is **$55** including side pots_____ X **$55** = **$**_____

$45 no side pots_____ x **$45** = **$**_____

Please make check payable to **LMGC** and mail to:

Mike McMonegal 3235 Sagamore Way, LA, CA 90065 mmcmonegal@parks.lacounty.gov

MasterCard VISA **#**_____EXP DATE_____

MAILING ADDRESS

Credit Cards will be charged a $2 per player convenience fee.

☐ CHECK BOX OF YOU ARE INTERESTED IN VOLUNTEERING TO HELP AT THE TOURNAMENT TABLE. FROM _____ to _____

The Wood
LAKEWOOD MEN'S GOLF CLUB

PLEASE NOTE: VISA/ MC OR CHECK NO PAYMENT EXCEPTED AT TABLE. PRE-PAY OR DON'T PLAY