



**MARTA DRON MEMORIAL
19th ANNUAL GOLF TOURNAMENT
MAY 15, 2019
REGISTRATION FORM**

I/WE WISH TO PARTICIPATE AS (check all that apply):

Corporate Sponsor (\$550) Tee Box Sign Sponsor (\$100) Player (\$125) Trilogy Golf Club Member Driving Own Cart* (\$85)
[Note that only one person per cart receives this discount]
 Event Sponsor (Cash or In Kind Donation and/or Auction Item)

PRIMARY CONTACT

Name (Please print): _____ Phone: _____ Email: _____

Address (Line 1): _____

Address (Line 2): _____

Company: _____

City: _____ State: _____ ZIP: _____ **Trilogy Golf Club Member With Own Cart? Y / N**

ADDITIONAL PLAYERS (We play in foursomes, other players will be teamed up on the day)

Player 2 Name: _____ Player 2 Phone: _____ Member?
 Player 3 Name: _____ Player 3 Phone: _____ Member?
 Player 4 Name: _____ Player 4 Phone: _____ Member?

**MAIL COMPLETED FORM WITH CHEQUE OR CREDIT CARD PAYMENT DETAILS TO:
 Rio Vista Rotary Club
 P.O. Box 513
 Rio Vista, CA 94571**

ADDITIONAL DINNER GUESTS (\$45 each)

I would like to bring an additional _____ guests to dinner.

NUMBER OF TEE BOX SIGNS AT \$100 EACH (We will contact you for text, slogans and logos) _____

DONATIONS

I would like to donate the following cash, service or auction items (please list with approximate values to help the auctioneer):

PAYMENT METHOD

Cash Credit Card **TOTAL PAYMENT AMOUNT \$ _____**



I hereby authorize Rotary Club of Rio Vista to charge the above amount to the following credit card:

Name On Card: _____ Card Number: _____ Exp. Date: ____/____ Security Code: _____

Cardholder Signature: _____