

DELAVEAGA GOLF CLUB INVITATIONAL TOURNAMENT

ENTRY FORM

PLAYER ONE

First Name _____

Last Name _____

Cell Phone _____ GHIN # _____

Email _____

PLAYER TWO

First Name _____

Last Name _____

Cell Phone _____ GHIN # _____

Email _____

Tournament Fee: \$100 per player

Return form to: DeLaveaga Golf Shop _____

401 Upper Park Road _____

Santa Cruz, Ca. 95065 _____
