



LA MAESTRA
COMMUNITY HEALTH CENTERS
City Heights · El Cajon · National City · Lemon Grove

La Maestra Community Health Centers
18th Annual Golf Tournament & Banquet
Registration Form

Name(s): _____

Company / Team Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Green Fees & Donations: *(Please choose one.)*

Foursome (\$760 donation) Individual (\$200 Donation) Dinner Only (\$60 Donation)

Please choose form of payment below and complete the corresponding information.

Enclosed is my cash / check donations of \$ _____ (Payable to La Maestra Family Clinic)

Please charge \$ _____ to my Visa MasterCard American Express



Account Number: _____ Exp. Date: _____

Name on Card: _____ Security Code: _____

Billing Address: _____ City, State, Zip: _____

Signature: _____ Date: _____



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List of Golfers

Participants

Shirt Size

1. _____
2. _____
3. _____
4. _____



**Singing Hills Golf Resort at Sycuan -
*Willow Glen Course***

3007 Dehesa Rd, El Cajon, CA 92019

10:00 am	Check In / Registration
10:30 am - 12:00 pm	Lunch
11:30 am	Putting Contest
12:00 pm	Shot Gun Start
5:30 pm	Social / No Host Bar
6:00 pm	Dinner Buffet
	Awards & Raffles