



# 2014 HASC Charity Golf Classic

Monday, October 20, 2014 • Oakmont Country Club

Benefiting National Health Foundation

## MEMBER GOLF REGISTRATION

Primary Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

### GOLFER INFORMATION (PLEASE CHECK ONE—FEE PER PLAYER: MEMBERS - \$425; ASSOCIATE MEMBERS - \$600)

Name	Title	*E-mail Address	SCGA Index
1: _____	_____	_____	_____
2: _____	_____	_____	_____
3: _____	_____	_____	_____
4: _____	_____	_____	_____

Total: \$ \_\_\_\_\_ fee x \_\_\_\_\_ players = \$ \_\_\_\_\_

\* Email required for confirmation.

### PAIRING REQUEST:

I would like to be paired with \_\_\_\_\_. Please understand pairings cannot be guaranteed.

The Tournament Planning Committee will make the final pairings and confirm with all players the week prior to the event.

**Rate Per Player: Members—\$425 per player; Associate Members—\$600.** No refunds. Rate includes green and cart fees, breakfast snack, lunch, reception, scoring and prizes. Please submit a check payable to HASC or pay by credit card.

**Cancellation.** No refunds. Substitutions are accepted at any time.

Payment Method:  American Express  MasterCard  Visa  Discover  Check payable to HASC#: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Cardholder Name (please print): \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Cardholder City/State/Zip: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

### MAIL OR FAX THIS FORM TO:

HASC Charity Golf Classic, Attn: Leticia Salcido

515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300, Fax (213) 629-4272

Questions? Call (213) 538-0700

Register online at [www.hasc.org/special-event/2014-hasc-charity-golf-classic](http://www.hasc.org/special-event/2014-hasc-charity-golf-classic)

*Fee is due and payable with registration to guarantee a place in the tournament.*

*We expect to sell out again this year, so please register early.*