

2009 Registration Card SMCDA GOLF CLASSIC

Sea Cliff Country Club

Monday, July 27, 2009



Full Scramble Golf Package—Green fees, Cart, Lunch, beverages & raffle
\$225 per golfer (non-members \$325)
Dinner Only Package—Cocktails, hors d' oeuvres, dinner & raffle
\$75 per person (non-members \$95)

| | | | |
|----|---|--------------------------|--------------------------|
| #1 | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | First & Last name (print) Dealership/Company | Golf | Dinner |
| #2 | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | First & Last name (print) Dealership/Company | Golf | Dinner |
| #3 | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | First & Last name (print) Dealership/Company | Golf | Dinner |
| #4 | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | First & Last name (print) Dealership/Company | Golf | Dinner |

Please keep players together _____ Ok to split our players _____

Make check payable to: **Southland Motor Car Dealer Association** OR

Visa/MasterCard Info: _____
Name on card (print)

Card #: _____ Exp. Date: _____

Company Name: _____

Authorized signature: _____

We are sending : _____ Golfers @ \$225(non-members \$325)
_____ Dinners @ \$75 (non-members \$95)

Total \$ _____

RSVP BY MONDAY, JULY 20, 2009

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**2009 Registration Card
 ADDITIONAL GOLFERS/DINNERS
 OR
 DINNER GUESTS**



| | | |
|---|--------------------------|--------------------------|
| #5 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| First & Last name Dealership/Company | Golf | Dinner |
| #6 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| First & Last name Dealership/Company | Golf | Dinner |
| #7 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| First & Last name Dealership/Company | Golf | Dinner |
| #8 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| First & Last name Dealership/Company | Golf | Dinner |
| #9 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| First & Last name Dealership/Company | Golf | Dinner |
| #10 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| First & Last name Dealership/Company | Golf | Dinner |

RSVP by 7-20-09

**Please fax with Credit Card info to:
 SMCDA Fax: 562 988-1460
 Or...**

**Mail with check to:
 Southland Motor Car Dealers Association
 4201 Long Beach Blvd., Ste 403
 Long Beach, CA 90807**

SMCDA Ph: 562 595-4326

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