

LGBT Golf Fore Good

A Tournament and Fundraiser for the LGBT Community

Friday, May 14, 2010
Monarch Bay Golf Club
San Leandro



Tournament Registration Form

Horizons Foundation is proud to announce our first-ever golf tournament! Whether you're one step away from the pro tour or can't quite remember the difference between a birdie and a bogey, please join us for a day of fun and fundraising for the lesbian, gay, bisexual, and transgender community.

- 18 hole tournament, four-person scramble format
- Entrance fees include a box lunch, greens and cart fees, and contests, plus post-play cocktails, hors d'oeuvres, and awards
- Registration at noon; shotgun start at 1:00 p.m.
- \$125 per person or \$450 per team

The tournament will be held at Monarch Bay Golf Club, 13800 Monarch Bay Drive, San Leandro, CA. (For directions, please visit <http://monarchbay.americangolf.com> or call 510.895.2162.)

For more information, contact Deb Stallings at 415.398.2333 x103 or dstallings@horizonsfoundation.org.

Primary Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Single player (\$125) Team of four (\$450) *Please fill out team information on next page*

I/We would also like to become a hole sponsor (\$250):

I've enclosed my check to Horizons Foundation.

I prefer to use my credit card: Visa MasterCard American Express

Card Number: _____ **Exp. Date:** _____

Signature: _____

Contributions to Horizons Foundation, including hole sponsorships, are tax-deductible. The non-deductible portion of your contribution will be \$60.00 per player. Horizons' tax ID number is 94-2686530.

Please mail or fax the registration form(s) with your payment to Horizons Foundation by May 7.

Tournament Registration Form – Team Participants

Please fill out this information for everyone on your team. (If you are registering as a single player, you do not need to send us this form.)

TEAM NAME: _____

PLAYER 1 Same as primary contact person

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

PLAYER 2

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

PLAYER 3

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

PLAYER 4

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____