

**2011 ST. ROSE OF LIMA SCHOOL GOLF TOURNAMENT REGISTRATION FORM**

Registration Deadline Friday, May 20th, 2011

Name \_\_\_\_\_ Company \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

	Player Names
1	_____
2	_____
3	_____
4	_____

▶	Entry Fee	@ \$100 each	\$ _____
▶	Extra Dinner Tickets	@ \$20 each	\$ _____
▶	Tournament Sponsor	@ \$1000 & Up	\$ _____
▶	Specialty Hole Sponsor	@ \$ 500 -\$999	\$ _____
▶	Hole Sponsor	@ \$250 -\$499	\$ _____
▶	Cart Sponsor	@ \$50 -\$249	\$ _____
		TOTAL	\$ _____

Make checks payable to: St Rose of Lima PTG

Mail to: **SRL Golf Tournament**  
 c/o Jose Luna  
 278 Alvarado Street Unit 2  
 Chula Vista, CA 91910

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*16<sup>th</sup> Annual*  
**St. Rose of Lima School**  
*Benefit Golf Tournament*



*Sunday, May 22nd, 2011*  
**Cottonwood Golf Club**

**SHARP**  
 CHULA VISTA  
 MEDICAL CENTER