



Stationary Source Sampling & Analysis for Air Pollutants 2015 Golf Sign Up and Credit Card Authorization Form

Dear Sir/Madam:

Please provide all the information requested below to ensure prompt processing of your information. We ask you to please sign and date the form before submission.

Please return this form to 805.684.6979 (fax), or email to alchms@cox.net

GOLF RESERVATION

1. Sunday/Time: _____

Name(s) : _____, _____, _____, _____

Course 1st Choice: _____ Course 2nd Choice: _____

Comments: _____

(Note 9 holes on Coyote) 9 holes _____

2. Monday/Time: _____

Name(s) : _____, _____, _____, _____

Course 1st Choice: _____ Course 2nd Choice: _____

Comments: _____

(Note 9 holes on Coyote) 9 holes _____

3. Tuesday (Shotgun Start)/Time: 1:00pm _____

Name(s)/Handicap : _____ / _____, _____ / _____,

_____ / _____, _____ / _____, _____ / _____

4. Wednesday/Time: _____

Name(s) : _____, _____, _____, _____

Course 1st Choice: _____ Course 2nd Choice: _____

Comments: _____

(Note 9 holes on Coyote) 9 holes _____

5. Thursday/Time: _____

Name(s) : _____, _____, _____, _____

Course 1st Choice: _____ Course 2nd Choice: _____

Comments: _____

(Note 9 holes on Coyote) 9 holes _____



CARDHOLDER INFORMATION

Name as it appears on the credit card: _____

Card type: Visa MC Amex Discover

Account type: Individual (personal credit card) Corporate

Account #: _____ Exp. date: _____

Address: _____ City, State, & Zip: _____

Phone number: _____ Fax or alternate number: _____

This card is for payment/guarantee for all the tee times on this form. I understand there is a (72) hour cancellation charge.

Guest Information Guest name: _____ Company: _____

Phone number: _____ Fax or alternate number: _____

Relation to cardholder: Relative Friend Business Associate Other: _____

I certify that all information is complete and accurate. I hereby authorize the Starr Pass Clubhouse to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire payment.

I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed): _____

Cardholder signature: _____ Date: _____

Sponsored by:

