

Your Golf Report
By **Gil Sandoval** RELAC Golf Director



RELAC Golf Entry Form



1. Name: _____
Address: _____
City, Zip: _____
Phone: _____

If possible, place me in a foursome with below listed golfers. We prefer an Early Late Starting time.

Addresses of all golfers **MUST** be included. Only one (1) Guest per Member

2. Name: _____
Address: _____
City, Zip: _____
Phone: _____ Member Guest

3. Name: _____
Address: _____
City, Zip: _____
Phone: _____ Member Guest

4. Name: _____
Address: _____
City, Zip: _____
Phone: _____ Member Guest

RELAC Golf
1000 S. Fremont Street, #15
Alhambra, CA 91803-8802

Entry Deadline

All checks must be in RELAC office

For Office Use:

Date Rec.: _____ Amt.: \$ _____ Check No _____