

Reservation Reply Card

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

I will be playing as an individual at \$250

I will be playing a foursome with: 2. _____

3. _____ 4. _____

I/We will be teeing off as a sponsor: level - _____ \$ _____

I/We will be there for dinner @ \$50.00 each

I am unable to attend but want to make a donation of \$: _____

Payment:

Enclosed is my check for \$ _____ (please make payable to SBFHC)

You may bill my credit card in the amount of \$ _____

Check one: Visa Master Card American Express

Name on card: _____

Card Number: _____ Exp. Date: _____

Signature: _____

Please Send Reservation card to:

Brooke Tuley

1st Annual BHL Golf Tournament

C/O South Bay Family Health Care

23430 Hawthorne Boulevard, Ste. 210

Torrance, CA 90505

Thank you for your "link" to a healthier community.