



2005 GOLF SPONSORSHIP REQUEST

Sponsorship Level: _____

Sponsor's Name: _____

Contact Person's Name: _____

Address: _____

City & Zip: _____

Phone _____ Fax _____ Email _____

Sponsorship Fee \$ _____

Additional Golfers (optional) @ \$400 per player _____

Opportunity Drawing Tickets _____ x \$50 ea or 3 for \$100 _____

Total enclosed or credit card charge (see below) \$ _____

Make checks payable to: MANHATTAN BEACH EDUCATION FOUNDATION/GOLF
PO Box 1110
Manhattan Beach, CA 90267-1110

Name and Address of Golfers In Group (if applicable): **Shirt Size** **Index** **SCGA #**

Golfer #1 Name _____

Address _____

Phone _____ Fax _____ Email _____

Golfer #2 Name _____

Address _____

Phone _____ Fax _____ Email _____

Golfer #3 Name _____

Address _____

Phone _____ Fax _____ Email _____

Golfer #4 Name _____

Address _____

Phone _____ Fax _____ Email _____

Number staying for Awards Dinner _____

Credit card payments may be faxed to 310.303.3828:

Cardholder Name: _____

Billing Address: _____

Credit Card #: _____ Exp Date: _____

If you have any questions, please contact:
Sherry Kramer at (310) 318-7345 x5930 / skramer@manhattan.k12.ca.us or
Randy Dotemoto at (310) 994-9160 / randy.dotemoto@verizon.net