

# City of San Diego Golf Division Tournament Request Form

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Date: \_\_\_\_\_

Name of Company or Individual: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Contact: \_\_\_\_\_ "O qdkrg Phone # \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail: \_\_\_\_\_

# Of Players: \_\_\_\_\_ Time of Day: \_\_\_\_\_ AM \_\_\_\_\_ PM      \*\*Shotgun start ""Y """"  
Usually 7AM\*\*"P "

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1 <sup>st</sup> Request: Date of Play: _____ Course: _____ Torrey Pines N/S: _____  Balboa GC: _____  Mission Bay GC: _____	2nd Request: Date of Play: _____ Course: _____ Torrey Pines N/S: _____  Balboa GC: _____  Mission Bay GC: _____	3 <sup>rd</sup> Request: Date of Play: _____ Course: _____ Torrey Pines N/S: _____  Balboa GC: _____  Mission Bay GC: _____
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**Tournament Services Requested:**

<b><u>SERVICE</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
<b>FOOD:-----</b>	_____	_____
<b>BEVERAGES:-----</b>	_____	_____
<b>PRACTICE RANGE:-----</b>	_____	_____
<b>SCORING:-----</b>	_____	_____
<b>ON-COURSE CONTESTS:-----</b>	_____	_____

Signature: \_\_\_\_\_

**Please return, only by FAX, to (858) 552-1789**