City of San Diego
Golf Division
Tournament Request Form

Date:_____

Name of Company or Individual:_____

Address:_____

_____

Primary Contact:_____ Mobile Phone #_____

Phone #_____ e-mail:_____

Of Players:_____ Time of Day: _____AM _____PM ____**Shotgun start Y ____
Usually 7AM** N ____

1st 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:_____

3rd Request:
Date of Play:_____
Course:
Torrey Pines: N____ S____
Balboa GC:_____
Mission Bay GC:_____

Tournament Services Requested:

SERVICE	YES	NO
FOOD:----------	_____	_____
BEVERAGES:----------	_____	_____
PRACTICE RANGE:----------	_____	_____
SCORING:----------	_____	_____
ON-COURSE CONTESTS:----	_____	_____

Signature:_____

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