



THE 23rd ANNUAL CHARITY DAY ENTRY FORM

**Please complete and return this page with total payment (\$800) to the
CVR Pro Shop or BCAG no later than June 17th.**

Please include an additional \$25 for every Super Supporter.

BCAG, P.O Box 221582, Carmel, Ca 93922

(BCAG is a 501 #91-1972448 (c)(3) organization.)

Member or Lead Contact _____ GHIN # _____

Address: _____

Phone number: _____ Email Address: _____

Would you like to be a \$25 Super Supporter? In honor/memory of _____

CLUB (if entering without a member): _____

Player #2: _____ GHIN# _____

Address: _____

Phone number: _____ Email Address: _____

Would you like to be a \$25 Super Supporter? In honor/memory of _____

Player #3: _____ GHIN# _____

Address: _____

Phone number: _____ Email Address: _____

Would you like to be a \$25 Super Supporter? In honor/memory of _____

Player #4: _____ GHIN# _____

Address: _____

Phone number: _____ Email Address: _____

Would you like to be a \$25 Super Supporter? In honor/memory of _____

Request to be added to a team (Do not include payment at this time.)

Name: _____ GHIN# _____

Address: _____

Phone number: _____ Email Address: _____

Would you like to be a \$25 Super Supporter? In honor/memory of _____