

## 41<sup>st</sup> Stationary Source Sampling & Analysis for Air Pollutants 2017 Golf Sign Up and Credit Card Authorization Form

Dear Sir/Madam:

Please provide all of the information requested below to ensure prompt processing of your information. We ask you to please sign and date the form before submission.

Please return this form to 805.684.6979 (fax), or email to [alchms@cox.net](mailto:alchms@cox.net)

### GOLF RESERVATION

1. Sunday, April 9th / Time: \_\_\_\_\_ Main Contact Cell #: \_\_\_\_\_

Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Course 1st Choice: \_\_\_\_\_ Course 2nd Choice: \_\_\_\_\_

Comments: \_\_\_\_\_

(Note 9 holes on Coyote) 9 holes \_\_\_\_\_

2. Monday, April 10th / Time: \_\_\_\_\_ Main Contact Cell #: \_\_\_\_\_

Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Course 1st Choice: \_\_\_\_\_ Course 2nd Choice: \_\_\_\_\_

Comments: \_\_\_\_\_

(Note 9 holes on Coyote) 9 holes \_\_\_\_\_

3. Tuesday, April 11th / Start Time 1:00pm \_\_\_\_\_ Main Contact Cell #: \_\_\_\_\_

Name(s)/Handicap: \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_,

\_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_

4. Wednesday, April 12th / Time: \_\_\_\_\_ Main Contact Cell #: \_\_\_\_\_

Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Course 1st Choice: \_\_\_\_\_ Course 2nd Choice: \_\_\_\_\_

Comments: \_\_\_\_\_

(Note 9 holes on Coyote) 9 holes \_\_\_\_\_

5. Thursday, April 13th / Time: \_\_\_\_\_ Main Contact Cell #: \_\_\_\_\_

Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Course 1st Choice: \_\_\_\_\_ Course 2nd Choice: \_\_\_\_\_

Comments: \_\_\_\_\_

(Note 9 holes on Coyote) 9 holes \_\_\_\_\_



SOURCE  
EVALUATION  
SOCIETY

## 41<sup>st</sup> Stationary Source Sampling & Analysis for Air Pollutants 2017 Golf Sign Up and Credit Card Authorization Form

### CARDHOLDER INFORMATION

Name as it appears on the credit card: \_\_\_\_\_

Card Type:     Visa     MC     Amex     Discover

Account Type:  Individual (personal credit card)     Corporate

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile or alternate number: \_\_\_\_\_

This card is for payment/ guarantee for all of the tee times on this form. I understand that there is a (48) hour cancellation charge.

Guest Information Guest Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

Relation to cardholder:     Relative     Friend     Business Associate     Other: \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize the JW Marriott to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed \_\_\_\_\_ for the entire payment.

I certify that I am the authorized signer of the credit card listed above.

Cardholder Name (printed): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_