

SilverStrand Open Putt Putt Golf Tourney

Name: _____

Business Name: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

I want to: Host a Hole - N/C

Sponsor a Hole:

\$100 \$250 \$1,000 \$2,500

Play - \$25 per person X _____

Check enclosed, payable to **CAREGIVERS** – OR –

VISA Mastercard Discover AMEX

Card # _____ exp. _____

Total Amount: \$ _____ Tax ID 77-0081692

Signature: _____



1765 Goodyear Avenue, Suite 205 • Ventura, CA 93003 • Phone (805) 658-8530 • Fax (805) 658-8537 • vccaregivers.org

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