



**GOLF TOURNAMENT ENTRY FORM**

**CREDIT CARD AUTHORIZATION\***

Player Name 1 \_\_\_\_\_

Average Score or Handicap (required) \_\_\_\_\_

Email \_\_\_\_\_

Player Name 2 \_\_\_\_\_

Average Score or Handicap (required) \_\_\_\_\_

Email \_\_\_\_\_

Player Name 3 \_\_\_\_\_

Average Score or Handicap (required) \_\_\_\_\_

Email \_\_\_\_\_

Player Name 4 \_\_\_\_\_

Average Score or Handicap (required) \_\_\_\_\_

Email \_\_\_\_\_

**DINNER ATTENDEE NAMES**

Name 1 \_\_\_\_\_

Email \_\_\_\_\_

Name 2 \_\_\_\_\_

Email \_\_\_\_\_

Name 3 \_\_\_\_\_

Email \_\_\_\_\_

Name 4 \_\_\_\_\_

Email \_\_\_\_\_

Name 5 \_\_\_\_\_

Email \_\_\_\_\_

Name 6 \_\_\_\_\_

Email \_\_\_\_\_

Name 7 \_\_\_\_\_

Email \_\_\_\_\_

Name 8 \_\_\_\_\_

Email \_\_\_\_\_

Name 9 \_\_\_\_\_

Email \_\_\_\_\_

Name 10 \_\_\_\_\_

Email \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

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

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

Billing Zip Code: \_\_\_\_\_

CVV2: *(3 digit code on the back)* \_\_\_\_\_

**Or, you can choose to send a check to Linashore Golf Classic  
P.O.Box 181282, Coronado, CA 92178**

**\*There is a small service fee for the use of credit cards**