



CHIEF DARYL F. GATES  
MEMORIAL

# GOLF TOURNAMENT PLAYER ENTRY

REGISTRATION  
**\$200**  
(Per Person)



**PLEASE FILL OUT COMPLETELY**

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

List any other players you are teaming up with.

\_\_\_\_\_

 **Total Enclosed \$** \_\_\_\_\_

(TAX ID # 95-0949173)

MAKE CHECKS  
PAYABLE TO LAPPL

Mail Check to: **LAPPL GOLF TOURNAMENT**  
1308 West 8th Street, Suite 400  
Los Angeles, CA 90017