



California
Society

Certified
Public
Accountants



Sponsored by:

ORANGE COUNTY/LONG BEACH CHAPTER
39th Annual CPA/Guest Golf Tournament
Tuesday, May 20
Tustin Ranch Golf Club

All CPAs and financial professionals are encouraged to sign up and be sure to invite your favorite client, banker, attorney, financial planner or friend to join you.

Date: Tuesday, May 20
Location: Tustin Ranch Golf Club
12442 Tustin Ranch Road; Tustin
Note: Dress code enforced (spikeless shoes required)
Schedule: 11 a.m./registration
12:30 p.m./shotgun start
6 p.m./barbecue/awards/prizes
Price: \$130/per player
(Includes golf, required cart and barbecue.
There will be three flights, gross, score, handicap
and non-handicap (modified Calloway)

Longest Drive Contest!

**Closest To The Pin Contests
On All Par 3 Holes!**



- If you are registering more than one player, check if you want to play together; or
- I would like to be paired with: _____

Player Information:

Name: _____
Firm: _____
Address: _____
Phone: _____
E-mail: _____ Member
Handicap or Avg. Score: _____ Nonmember



Name: _____
Firm: _____
Address: _____
Phone: _____
E-mail: _____ Member
Handicap or Avg. Score: _____ Nonmember



Name: _____
Firm: _____
Address: _____
Phone: _____
E-mail: _____ Member
Handicap or Avg. Score: _____ Nonmember



Name: _____
Firm: _____
Address: _____
Phone: _____
E-mail: _____ Member
Handicap or Avg. Score: _____ Nonmember

OC/LB Chapter CPA/Guest Golf Day – May 20

Register: www.calcpa.org/OCLB; send completed form, with payment, to CalCPA; OCLB Golf Tournament; 330 N. Brand Blvd., #710; Glendale, CA 91203; or fax to OC/LB Program Associate Nancy Wilson, (714) 545-6778.

Questions? Contact Golf Tournament Chair Jim Fuchs at (714) 549-9544 or jfuchs@sbcglobal.net or e-mail nancy.wilson@calcpa.org

Member ID No. _____ CPA License No. _____ or Nonmember
Name: _____ **Phone:** _____ **E-mail:** _____
Firm/Company: _____ **Fax:** _____
Address: _____ **City, State, ZIP:** _____

Check (Payable to CalCPA-OC/LB Golf Tournament) MasterCard Visa AMEX _____
Cardholder Name: _____ **Exp. Date:** _____

Member ID No. (if different from above) _____ or Nonmember **Total Amount: \$** _____

For Accounting Purposes: 5610-10C-1H109