



ORANGE COUNTY/LONG BEACH CHAPTER

39TH ANNUAL CPA/GUEST GOLF TOURNAMENT

Tuesday, May 20, 2008

Tustin Ranch Golf Club

California Society

Certified Public Accountants



All CPAs and financial professionals are encouraged to sign up. Ask your favorite client, banker, attorney, financial planner or friend to join you for this great day of golf.

Date: Tuesday, May 20

Location: Tustin Ranch Golf Club
12442 Tustin Ranch Road, Tustin, CA
Note: Dress code strictly enforced.
Spikeless shoes required.

Schedule: 11:00 a.m. Registration
12:30 pm. Shotgun Start
6:00 p.m. Barbeque/Awards/Prizes

Price: \$130 Individual Player
Includes golf, required cart and Barbeque
There will be three flights, gross, score, handicap and non-handicap (modified Calloway).

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

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: _____

OC/LB Chapter CPA/Guest Golf Day – May 20, 2008

Register online at www.calcpa.org/OC/LB, by mail 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 (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