



**LA CLINICA DEL PUEBLO GOLF TOURNAMENT**  
**JULY 13,2024**  
**FORMS DUE JUNE 28, 2024**

**Sponsor Section**  
**Suggested Sponsorships are as follows:**

**Hole Sponsors \*\$150.00 NEW and \$100.00 for RECURRING (includes business/individual advertisement)**

**Merchandise Donations \*Ex: Gift Certificats, etc.**

**Thank you for your gracious contribution!**

**Sponsor Information**

Hole Sponsor: \_\_\_\_\_ Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Merchandise Donation: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Player Information**

**ENTRY FORM FOR 1-4 PLAYERS**

**\$110.00 per player - \$440.00 per team**

**\*FULL PAYMENT MUST BE INCLUDED WITH ENTRY FORM- NO EXCEPTIONS\***

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

Player Name: \_\_\_\_\_ Player Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Player Name: \_\_\_\_\_ Player Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Make Checks Payable To:**  
**LCDP Golf 2024**  
**P.O. Box 250**  
**Tierra Amarilla, NM 87575**

**For questions regarding the tournament please contact:**  
**Margaret Martinez**  
**mmartinez@la-clinica.org**  
**505-470-1258**