

## Sponsor Information

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## Player Entry Form

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

Address \_\_\_\_\_

City/St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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

Address \_\_\_\_\_

City/St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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

Address \_\_\_\_\_

City/St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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

Address \_\_\_\_\_

City/St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### Method of Payment

\$ \_\_\_\_\_ Total Amount Enclosed

\_\_\_\_\_ Check

\_\_\_\_\_ Credit Card Visa/MC

\_\_\_\_\_ 3 Digit Verification Code

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

Card # \_\_\_\_\_

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

Signature \_\_\_\_\_

**Thank you for your support!**

*Your gift is tax deductible.*

*Tax ID 590909674.*

**Make checks payable to:**

Lighthouse Christian School  
memo: LCS Golf Tournament

**Credit Card Only** may fax to  
(954) 933-0966

**Mail to:** Lighthouse Christian School

Attention: Andrea Lutfey

2331 NE 26 Avenue

Pompano Beach, FL 33062

(954) 941-7501 • (954) 448-0155



**LIGHTHOUSE**  
CHRISTIAN SCHOOL  
A Ministry of The First Presbyterian Church of Pompano Beach, FL