

# CMSA ANNUAL GOLF TOURNAMENT REGISTRATION FORM

Omni Rancho Las Palmas Golf Course  
41000 Bob Hope Drive  
Rancho Mirage, CA 92270  
(760) 568-2727

THURSDAY, May 13, 2021  
8:00 A.M. MODIFIED SHOTGUN START  
(Golfers should arrive at course by 7:30 a.m.)



## Dress Code:

Proper Golf Attire. Collared or Mock Neck Shirts Required. No T-Shirts, Cut-Off Shorts, Denim, Swimwear or metal spikes allowed. Failure to comply with proper dress attire will result in loss of playing privileges.

**SPONSORED BY: CHAMPION RISK & INSURANCE SERVICES, L.P.  
and VANLINER INSURANCE COMPANY**

**ENTRY FEE — \$125.00 per person / Includes: green fee, shared cart, range balls.**

## Primary Contact:

Golfer 1: \_\_\_\_\_ Company: \_\_\_\_\_

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

List golfers in your foursome. (Foursomes will be formed by golf co-chairs unless listed below.):

Golfer 2: \_\_\_\_\_ Company: \_\_\_\_\_

Golfer 3: \_\_\_\_\_ Company: \_\_\_\_\_

Golfer 4: \_\_\_\_\_ Company: \_\_\_\_\_

**\$ \$25,000.00 \$**

**HOLE-IN-ONE CONTEST & Other Prizes at Par 3 Holes!**  
Sponsored by: **TRANSGUARD INSURANCE CO. OF AMERICA**

**\*Refunds are subject to a \$20 processing fee. No refunds for cancellations after April 19, 2021.\***

Enclose golf fees with this form. Make checks payable to **CMSA**, or use your Visa or MasterCard.

( ) Visa ( ) MC ( ) Check enclosed Total Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Three-Digit Code: \_\_\_\_\_

Billing Address & ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**GOLF CLUB RENTAL FEES ARE PAID DIRECTLY TO THE PRO SHOP—NOT CMSA.**

**If you would like to reserve a set of golf clubs, please provide a count below so that the pro shop will be sure to have enough on hand and ready for you to pick up. Golf club rentals are available at the pro shop at a rate of \$69 per set and includes one sleeve of golf balls per set.**

**Enter # of Rental Sets:    \_\_\_ Men's RH    \_\_\_ Men's LH    \_\_\_ Women's RH    \_\_\_ Women's LH**

**Please mail this form, with payment to: CMSA, 10900 E. 183rd St., Suite 300, Cerritos, CA 90703  
or fax to: (562) 865-2944.**