



CECO GOLF TOURNAMENT ENTRY FORM & LIABILITY WAIVER

I, the undersigned, hereby waive, release, and hold harmless the San Diego County Employees' Charitable Organization (CECO) and its Board Members, volunteers, sponsors of this event, and hosting club from any liability for injury or loss through my participation in this event. I further agree to indemnify CECO and its Board Members and volunteers of any liability whether implied or direct.

Player Type: Single Player Team

Player Information:

1	_____	_____	_____
	Name	Email Address	Phone Number
2	_____	_____	_____
	Name	Email Address	Phone Number
3	_____	_____	_____
	Name	Email Address	Phone Number
4	_____	_____	_____
	Name	Email Address	Phone Number

Payment Type: Cash Check (make payable to "CECO")

Return this entry form with entry fees (\$100 per player) no later than Sept. 30th to:
San Diego County Employees Charitable Organization (CECO)
c/o Mavette Sadile
1600 Pacific Highway Ste. 306 San Diego CA 92101

Questions? Email sdceco@sdcounty.ca.gov or call Mavette Sadile at 619-531-4505
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