



VISTA DEL MAR  
CHILD AND FAMILY SERVICES

**THE 36<sup>TH</sup> ANNUAL LOS ANGELES BROKER CHALLENGE**  
**BENEFITTING VISTA DEL MAR CHILD & FAMILY SERVICES**

**TEAM ENTRY FORM**

MONDAY • SEPTEMBER 19, 2022 • 8:30 A.M. TO 9:00 P.M.  
THE BEACH CLUB • 201 PALISADES BEACH ROAD • SANTA MONICA • CA • 90402

TEAM NAME/COMPANY: \_\_\_\_\_ TEAM CAPTAIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Players: **TEAM OF SIX - \$1,800**

**ADDITIONAL PLAYERS - \$300**

(Breakfast, Lunch, Beverages, Player Gift Bag, and Sunset Beach Bash)

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

7. \_\_\_\_\_

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

8. \_\_\_\_\_

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

9. \_\_\_\_\_

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

10. \_\_\_\_\_

5. \_\_\_\_\_

11. \_\_\_\_\_

6. \_\_\_\_\_

12. \_\_\_\_\_

**Team Fee (6 players-must include one woman)..... = \$1,800 (due August 31, 2022)**

**Additional Player Fee ( \_\_\_\_\_ X \$300) ..... = \_\_\_\_\_**

**TOTAL \$ \_\_\_\_\_**

Check enclosed       Charge my credit card       Hold my reservation by credit card; check will follow.

Visa/MC/AMEX # \_\_\_\_\_ Exp. \_\_\_\_\_ Sec. Code \_\_\_\_\_ Signature \_\_\_\_\_

**Please Make Checks Payable to: Vista Del Mar Child and Family Services**

*FSSM Federal Tax ID: 95-1647832 501(c)3 Organization*

**Mail Payment To:**

Vista Del Mar Child and Family Services  
3200 Motor Avenue  
Los Angeles, CA 90034  
Attn: Devinn Reed / Development Dept.

SUBMIT BUTTON HERE