

WOMEN'S SOUTHERN CALIFORNIA GOLF ASSOCIATION

ADMINISTRATIVE INFORMATION BULLETIN	ADM-03
SUBJECT: MEMBER LEADERSHIP WORKSHOP	1/20/10

Action: Respond within appropriate time frame for meeting

**WORKSHOP
NOTIFICATION**

A Member Leadership Workshop has been scheduled at the following club:

Wednesday – March 24, 2010

Oakmont Country Club

3100 Country Club Drive, Glendale, CA 91208

Cut-off Date: Wednesday – March 17, 2010 @ 4:00 p.m.

Workshop

This meeting is designed for club officers and representatives.

It is important that each Chairperson attend or send a representative. Club representatives are encouraged to take full advantage of the workshops, manuals, handouts and networking with other club representatives and the WSCGA directors. If the Rules Chairperson has any "specific" rules' questions, please forward them to the WSCGA office in advance of the meeting.

REGISTRATION

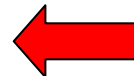
To sign up, complete the attached form and return with the names of those planning to attend the meeting. *All participants are required to pay for breakfast as a courtesy to the club providing the meeting space.* There is no charge for the workshop.

In order for the WSCGA to notify the club of the attendance number, please adhere to the above cut-off date.

Note: Most clubs require a seven-day notice of attendees.

LIMITATION

Limited space available.



QUESTIONS

Call the WSCGA office Monday-Friday from 8:00 a.m.-4:00 p.m. at (909) 592-1281, fax: (909) 592-7542 or send an e-mail to wscga@womensgolf.org.

WOMEN'S SOUTHERN CALIFORNIA GOLF ASSOCIATION

2010 Member Leadership Workshop
Make checks payable to WSCGA and forward to:
402 West Arrow Highway, Suite 10
San Dimas, CA 91773

Check-in and Breakfast: 8:30 a.m.-9:30 a.m.
Workshop Hours: 9:30 a.m. – 12:00 p.m. (Noon)
Cost: \$25

Oakmont Country Club
3100 Country Club Drive
Glendale, CA 91208
Wednesday – March 24, 2010
Cut-off Date: Wednesday – March 17, 2010

Club Name: _____ **Club Number:** _____

Please print or type the name of the Chairperson(s) that will attend below:

Position	Name	Total Attending
Chairperson		
Tournament		
Liaison		
Rules		
Handicap		

If you wish online confirmation of your attendance, please indicate your email address below:

Attach additional sheets if necessary

Total number of attendees: _____

Check Enclosed: \$ _____ **(No. X [times] \$25)**

Make checks payable to WSCGA