Santa Barbara Shootout

At The ERG Polo Fields February 17 – 19, 2017

Run By 805 Lacrosse Project

Entry Fee Invoice

(Please Use This to Follow Up with Payment After On-Line Registration)

Please Circle Amount(s) Being Paid

| WCLA D1, D2 & WWLL B Divisions Three Full Length Regulation Games, Stop Clock * | | | | | | 10U – 18U & Post-Collegiate Divisions 20 Minute Halves, Stops Last 2 Minutes Each Hal | | | | | | |
|---|----------|-----------------------------------|-----|---------|--------|--|-----------------|--|--|--|--|--|
| \$950 – Postmarked by December 15th | | | | | \$750 | \$750 – Postmarked by December 15 th | | | | | | |
| \$1,150 – Postmarked after December 15 th | | | | | \$950 | \$950 – Postmarked after December 15 th | | | | | | |
| \$1,350 – Postmarked after January 15 th | | | | | \$1,1 | \$1,150 – Postmarked after January 15 th | | | | | | |
| \$145 – Extra game fee for a 4 th game. | | | | | Five S | Five Shorter Games, Pool Play, Place Games | | | | | | |
| | | | | | | | | | | | | |
| Team Name(| s): | | | | | | | | | | | |
| Team Contac | ct Name: | | | | | | | | | | | |
| Contact E-Ma | ail: | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Circle Division(s): | | WCLA D1 | | WCLA D2 | | B Team | | | | | | |
| | | 18U | 16U | 14U | 12U | 10U | Post-Collegiate | | | | | |
| Payable To: | 805 Lac | rosse Project | | | | | | | | | | |
| Mail To: | | aul Ramsey 05 Lacrosse Project | | | | | | | | | | |

301 N Calle Cesar Chavez Santa Barbara, CA 93103

Form (Rev. December 2014) Department of the Treasury Internal Revenue Service

instructions on page 3.

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

| Department of the Treasury Internal Revenue Service | | | | | | send to the IRS. | | | | | | |
|---|---|---|-----------------|-------------|-------------|------------------|----------|-----|---|--|--|--|
| | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | | | | | | | _ | | | |
| | East West Sports Camps, Inc. | | | | | | | | | | | |
| 5 | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | | |
| age ⊢ | 805 Lacrosse Project | | | | | | | | | | | |
| pe ons on p | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) | | | | | | | | | | |
| Print or type Specific Instructions on page 2. | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the the tax classification of the single-member owner. | Exemption from FATCA reporting code (if any) | | | | | | | | | | |
| | Other (see instructions) a | (Applies to accounts maintained outside the U.)S. | | | | | | | | | | |
| | 5 Address (number, street, and apt. or suite no.) | ne and address (optional) | | | | | | | | | | |
| Spe | 301 N Calle Cesar Chavez | | | | | | | | | | | |
| See S | 6 City, state, and ZIP code | | | | | | | | | | | |
| Š | Santa Barbara, CA 93103 | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | | |
| | | | | | | | | | _ | | | |
| Par | | | | | | | | | _ | | | |
| residentit | or vour TIN in the appropriate how. The TIN provided must match run withholding. For individuals, this is generally your social sec dent alien, sole proprietor, or disregarded entity, see the Part Lins ries, it is your employer identification number (FIN). If youl downton, nage. Af the account is in more than one name, see the instructions for | tructions of | nao | 5N) | Fo | | | | | | | |
| | or | _ | | 1 | | | | | _ | | | |
| guid | elines on whose number to enter. | | 0 3 | _ | 0 | 4 5 | 2 | 0 (| 6 | | | |
| Par | t II Certification | | | | | | <u> </u> | | | | | |
| Und | er penalties of perjury, I certify that: | | | | | | | | | | | |
| | ne number shown on this form is my correct taxpayer identification | on number (| or I | am ' | wo. | itina f | or | a | | | | |
| | • | on number (| OI 1 (| am | wai | itilig i | OI 6 | a | | | | |
| num | ber to be issued to me); and | | | | | | | | | | | |
| ha w | m not subject to backup withholding because: (a) I am exempt from the notified by the Internal Revenue Service (IRS) that I withholding as a result of a failure to report all interest or dividend at I am no longer subject to backup withholding; and | I am subject | to b | ack | up | | ` ' | | | | | |
| 4.Th | am a U.S. citizen or other U.S. person (defined below); and the FATCA code(s) entered on this form (if any) indicating that I storting is correct. | am exempt | from | FΑ | тc | ĽA | | | | | | |
| Cer you divid | tification instructions. You must cross out item 2 above if you have currently subject to backup withholding because you have fadends on your tax return. For real estate transactions, item 2 does | iled to repos not apply. | rt all For 1 | inte mor | eres tga | st and ge int | | | | | | |
| - | , acquisition or abandonment of secured property, cancellation of vidual retirement arrangement (IRA), and generally, payments of | | | | | | ds, | | | | | |

you are not required to sign the certification, but you must provide your correct TIN. See the