



CITY OF SAN CLEMENTE GOLF COURSE COMMITTEE APPLICATION

1. Name: _____

2. How long have you lived in San Clemente? _____

3. What is your occupation? _____

4. Please explain why you would like to serve on the Golf Course Committee.

5. Please explain how your background and experience would contribute to the Golf Course Committee.

6. What is your educational background?

High School/Colleges Attended	Major Field of Study	Degree?

7. Please explain any experience that you have in community, governmental, charitable or educational affairs.

8. The Golf Course Committee meets the first Thursday in January, April, July and October at 6:00 p.m. Please explain any challenges, if any, you may have in meeting this commitment.

9. Please describe your views on opportunities, if any, to improve the San Clemente Municipal Golf Course.

10. Please use the space below to explain any other factors about yourself that you would like for the Councilmembers to consider as they review your application.

CONFIDENTIAL

The following information will only be used by Staff or Councilmembers unless you authorize it to be released to the public.

Applying for: Golf Course Committee

Name:

Address:

Zip:

Public Information

Do Not Release

Home Phone:

Public Information

Do Not Release

Cell Phone:

Public Information

Do Not Release

Work Phone:

Public Information

Do Not Release

E-mail Address:

Public Information

Do Not Release

THANK YOU for your willingness to serve your community. Please print your application, sign, and mail, email, or deliver your application to the San Clemente City Clerk's Office at the below address:

Laura Campagnolo, City Clerk
City of San Clemente
910 Calle Negocio
San Clemente, CA 92673
Campagnolol@san-clemente.org

If you have any questions, please feel free to contact Laura Campagnolo, City Clerk at 949-361-8301

Signature

Date