

CITY OF SANTA BARBARA
PARKS AND RECREATION DEPARTMENT

ATTACHMENT

Application for Appointment to

GOLF Advisory Committee

(City employees are not eligible to serve on the Advisory Committee)

APPOINTMENT

RE-APPOINTMENT

Name: GRETCHEN OSTERGREN

Home Address/City/Zip Code: 89 VALDEZ AVE. GOLETA 93117

Business Address/City/Zip Code: _____

Home Telephone Number: 455-2397

Business Phone Number: _____

Facsimile Number: _____

E-mail Address: GRETCHEN1014@HOTMAIL.COM

Who will you represent? (An organization, community at large, etc.)

EXECUTIVE WOMEN'S GOLF ASSN.

EXPERIENCE/BACKGROUND

Education: BS CRIMINOLOGY, CERTIFIED SURGICAL TECH, AN NURSING

Present Occupation/Position Title: RN

Memberships in Organizations: EWGA

If appointed as an Advisory Committee member, please share what expertise you will offer the Committee:

LONG TIME RESIDENT OF SB. SB GOLF CLUB IS MY HOME COURSE

Have you served on this committee or any City Committee in the past? Yes No

If so, please identify the Committee and the dates you served:

GOLF ADVISORY COMMITTEE 2012-2013

Signature 

Date 9/28/13