

2018 Registration

**1-Player: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone: _____

Handicap: _____ Club: _____

2-Player: _____

Handicap: _____ Club: _____

3-Player _____

Handicap: _____ Club: _____

4-Player: _____

Handicap: _____ Club: _____

_____player(s) X \$200 = \$ _____

_____Hole sponsor/team (s) X \$1000 = \$ _____

_____team(s) x \$800 = \$ _____

_____*Hole sponsor(s) X \$300 = \$ _____

Donation = \$ _____

Total \$ _____

****Method of Payment** ☐ **Check** ☐ **VISA** ☐ **MasterCard**

Credit Card# _____

Exp. Date ____/____/____ CVW Code _____

Signature _____

**A tax receipt letter for the amount that is tax decutable will be mailed to you. Please put *your* address in Player spot 1. If team donations are submitted, please make sure that all mailing addresses are included for a tax receipt letter.