Registration Form: GOLFER

Date: SATURDAY, AUGUST 24, 2019

Please fill in this form and submit with payment (unless you are part of a sponsorship package). **All players must register.**

Check the one which applies: ☐ **PLAYER REGISTRATION *AND* PAYMENT**   ☐ **PLAYER REGISTRATION ONLY (payment NOT included)**

IMPORTANT: *There will be different contests your team can win. In order for us to properly handicap the contests, we need to know which of the following honestly represents each player's skill level:*

Level A: Excellent player (typical round between par and 10 over)

Level B: Good player (11-20 over par or 82 to 92 per round)

Level C: Occasional player avg. is 21-30 over par; shoots 93-102

Level D: Rarely plays, new to the game, typical score = 103 +

1st Player's Name: _____   Phone: _____

Street: _____   Email: _____

City: _____   State: _____ Zip: _____

Skill Level *(circle one):*
A   B   C   D
☐ **YES!** *Staying for dinner*

2nd Player's Name: _____   Phone: _____

Street: _____   Email: _____

City: _____   State: _____ Zip: _____

Skill Level *(circle one):*
A   B   C   D
☐ **YES!** *Staying for dinner*

3rd Player's Name: _____   Phone: _____

Street: _____   Email: _____

City: _____   State: _____ Zip: _____

Skill Level *(circle one):*
A   B   C   D
☐ **YES!** *Staying for dinner*

4th Player's Name: _____   Phone: _____

Street: _____   Email: _____

City: _____   State: _____ Zip: _____

Skill Level *(circle one):*
A   B   C   D
☐ **YES!** *Staying for dinner*

List any players you'd like to play with (that are not being paid for with this form): _____

_____

FEE

$225.00 per player
(includes your lunch and dinner)

SELECT PAYMENT METHOD

☐ Mail in check, money order or credit card information with this registration form to: **Community United San José**
1351 Brookdale Ave., Mountain View, CA 94040

☐ Scan and email this registration form to: **erin@communityunitedsj.org**

☐ Pay online at **www.communityunitedsj.org/golf-for-kids-2019**

Amount Included $ _____

CREDIT CARD: **VISA   MASTER CARD   AMEX   DISCOVER** *(circle one)*

Credit Card #: _____   Exp Date: _____

Name on Card: _____   CCV: _____

Billing Address: _____

City: _____   State: _____   Zip: _____

WANT TO BRING A GUEST TO AWARDS BANQUET? $45.00 PER PERSON

Cocktails (no-host bar) at 6:00 pm
Dinner at 6:30 pm

☐ YES, I am paying for _____ dinner guest(s):

Name: _____

Name: _____

For more information, contact:
Erin Vokey: **(408) 679-5156**
email: **erin@communityunitedsj.org**