



**2018 GOLF REGISTRATION FORM**

**Participant Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Twosome, Foursome, or Single Player**

Player #1: \_\_\_\_\_ Shirt Size: (M / W) \_\_\_\_\_

Player #2: \_\_\_\_\_ Shirt Size: (M / W) \_\_\_\_\_

Player #3: \_\_\_\_\_ Shirt Size: (M / W) \_\_\_\_\_

Player #4: \_\_\_\_\_ Shirt Size: (M / W) \_\_\_\_\_

**Price: \$200 per golfer, \$375 for a Twosome, \$700 for a Foursome**

Additional Information: \_\_\_\_\_

Price: \_\_\_\_\_ Quantity: \_\_\_\_\_ Additional Donation: \_\_\_\_\_

Total Amount to be charged: \$ \_\_\_\_\_ Sold by: \_\_\_\_\_

**Payment Method:**

\_\_\_\_\_ Check, made payable to: CSUSB Philanthropic Foundation

\_\_\_\_\_ Cash

\_\_\_\_\_ Credit Card (American Express, MasterCard or Visa)

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card V-Code: \_\_\_\_\_ Billing Address: \_\_\_\_\_

\_\_\_\_\_ Signature: \_\_\_\_\_



**CUSTOMER RECEIPT**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Payment Method: Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

Additional Information: \_\_\_\_\_

Sold By: \_\_\_\_\_

2018 CSUSB Spring Classic

