

Registration Form

Please response by Nov 1st, 2019



Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Golf Package

- Grand (Limited Availability) _____ \$7,000
- Corporate _____ \$5,000
- Gold _____ \$1,800
- Silver _____ \$900
- Individual _____ \$350
- Mulligan Package - 4 Mulligans per Team _____ (\$25 per player) \$100

Golfers' Names

Phone

Email

1. _____
2. _____
3. _____
4. _____

Lunch Guest \$40 Each x _____ = \$ _____

Check Enclosed for \$ _____ payable to **Aveni Foundation**

Please mail check to: **Tina Finn, P.O. Box 3793 Wofford Hts, Ca 93285**

Please charge my: VISA / MasterCard / AMEX credit card.

Cardholder Signature _____

Card# _____ Expiration Date _____

Please email entry to **jbfmemorial@gmail.com** by Nov 1st, 2019