

REGISTRATION FORM

Cost per Player: \$500.00

PLAYER 1:

Name: _____ Email: _____

Phone _____ Age _____ USGA Handicap* _____

Visa, M/C, Amex (Circle one) Number: _____, Exp. _____ Amount: _____

Check Enclosed

PATRON PARTY: I will will not be able to attend the Patron Party on July 21, 2009. I would like _____ additional tickets to the Patron Party at a cost of \$50.00 per ticket. (For more information on the Patron Party please see the Cancer League's website at www.cancerleague.org)

PLAYER 2:

Name: _____ Email: _____

Phone _____ Age _____ USGA Handicap* _____

Visa, M/C, Amex (Circle one) Number: _____, Exp. _____ Amount: _____

Check Enclosed

PATRON PARTY: I will will not be able to attend the Patron Party on July 21, 2009. I would like _____ additional tickets to the Patron Party at a cost of \$50.00 per ticket. (For more information on the Patron Party please see the Cancer League's website at www.cancerleague.org)

PLAYER 3:

Name: _____ Email: _____

Phone _____ Age _____ USGA Handicap* _____

Visa, M/C, Amex (Circle one) Number: _____, Exp. _____ Amount: _____

Check Enclosed

PATRON PARTY: I will will not be able to attend the Patron Party on July 21, 2009. I would like _____ additional tickets to the Patron Party at a cost of \$50.00 per ticket. (For more information on the Patron Party please see the Cancer League's website at www.cancerleague.org)

PLAYER 4:

Name: _____ Email: _____

Phone _____ Age _____ USGA Handicap* _____

Visa, M/C, Amex (Circle one) Number: _____, Exp. _____ Amount: _____

Check Enclosed

PATRON PARTY: I will will not be able to attend the Patron Party on July 21, 2009. I would like _____ additional tickets to the Patron Party at a cost of \$50.00 per ticket. (For more information on the Patron Party please see the Cancer League's website at www.cancerleague.org)

* If you do not have a USGA Handicap please provide an estimated handicap.

Please send completed form with check or credit card information to:

CLC Golf Tournament c/o Hackstaff Gessler LLC / Attn: John Snow, 1601 Blake Street, Suite 310 Denver, CO 80202. Phone: 303-534-4317 / Fax: 303-534-4309