

REGISTRATION FORM

If you wish to form a Foursome, please list all names and addresses.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Attend Dinner?: Yes No

Shirt/Jacket Size; S M X XL XXL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Attend Dinner?: Yes No

Shirt/Jacket Size; S M X XL XXL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Attend Dinner?: Yes No

Shirt/Jacket Size; S M X XL XXL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Attend Dinner?: Yes No

Shirt/Jacket Size; S M X XL XXL

Make check(s) payable to: Make-A-Wish Foundation of San Diego, Inc.

Mail check(s) to: Make-A-Wish Foundation of San Diego, Inc., 5151 Murphy Canyon Road, Suite 110, San Diego, CA 92123

TheGolfClassic.com

RSVP

Foursome: \$1,600 \$1,600 x _____ - \$ _____

Individual: \$400 \$400 x _____ - \$ _____

Eagle Tee Sponsor: \$2,100 \$2,100 x _____ - \$ _____

Tee Sponsor: \$500 \$500 x _____ - \$ _____

Additional Dinner: \$50 \$50 x _____ - \$ _____

Total - \$ _____

No, I cannot attend, but enclosed is my tax deductible contribution to Make-A-Wish Foundation of San Diego For \$ _____

Please bill my:

MasterCard

Visa

American Express

Discover

Card Number: _____ Expires: _____

Signature: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W): _____

Email: _____

\$165 of each individual ticket is tax deductible.

All proceeds benefit the Make-A-Wish Foundation of San Diego.

For more information, Courtney Todd 858-707-9474 or ctodd@wisbsandiego.org