

**REGISTRATION FORM
(PLEASE PRINT OR TYPE)**

2009 GOLF CLASSIC

NICOLE PARKER FOUNDATION FOR CHILDREN

NAME: _____ **PHONE:** _____ **EMAIL:** _____ **8/10/2009**

Address: _____

Enclosed is my check for: _____

My credit card number is: _____ (Circle) Mastercard, Visa, American Express

Authorization Name(Print) _____ Please sign here: _____

Expiration Date: _____ Bank Verification Number: _____

SPONSOR: I am participating as the _____ Sponsor. Please register the following (circle) 1,2,3 or 4 players.

NON-SPONSORS: I am participating in the golf. Please register the following (circle) 1,2,3 or 4 players.

PLAYER 1

Name _____ USGA Handicap: _____ Player # _____
Business Name: _____
Address: _____
(Street Number) (City) (State) (Zip)
Phone: _____ Fax: _____ Email: _____

PLAYER 2

Name _____ USGA Handicap: _____ Player # _____
Business Name: _____
Address: _____
(Street Number) (City) (State) (Zip)
Phone: _____ Fax: _____ Email: _____

PLAYER 3

Name _____ USGA Handicap: _____ Player # _____
Business Name: _____
Address: _____
(Street Number) (City) (State) (Zip)
Phone: _____ Fax: _____ Email: _____

PLAYER 4

Name _____ USGA Handicap: _____ Player # _____
Business Name: _____
Address: _____
(Street Number) (City) (State) (Zip)
Phone: _____ Fax: _____ Email: _____

PLEASE RETURN FORM TO:

Nicole Parker Foundation for Children

5522 Fallbrook Avenue

Woodland Hills, CA 91367

Phone: (818) 882-8295 or fax to (661) 259-6195

For further information call (818) 882-8295

Email: info@nicoleparker.org

Visit: www.nicoleparker.org

THANK YOU !

