

CALIFORNIA SPORTS HALL OF FAME ANNUAL PARTNERSHIP FORM:

TAX ID# 20-4808852

PARTNERSHIP LEVELS: *GOLD: _____ *** SILVER:** _____ *** BRONZE:** _____ *** SUPPORTING:** _____

Company: _____ **Representative:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Signature: _____ **Date:** _____

List names of all event guests including 4 golfers: 1. _____ 2. _____
3. _____ 4. _____ 5. _____
6. _____ 7. _____ 8. _____
9. _____ 10. _____ 1. _____
2. _____ 3. _____ 4. _____

Cancellation Policy: No refunds will be issued for any registration cancellations. Payment of the event registration fee confirms that you have, agreed and will comply with this statement.

REGISTER TODAY TO SAVE YOUR SPOT • RSVP WITH NAMES BY MAY, 4TH, 2014
Send With Payments to: P O Box 9323, Alta Loma, CA 91701 • T 909.481.3541 • F 909.481.3544
support@californiasportshalloffame.org • www.californiasportshalloffame.org