

REGISTRATION FORM

SPONSORSHIP LEVEL: **HALL OF FAME SPONSOR**

Company: _____ Representative: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

(Credit Card info) Name on Card: _____

Card#: _____ Card Type: _____ Exp: _____

3 or 4 code on CC back: _____ Not attending, will donate: \$ _____

Signature: _____ Date: _____

GOLF TEAM: Please list names and emails of your golf team members here:
(if you have more than one team please print as many of this form as needed).

1. _____ Email: _____

2. _____ Email: _____

3. _____ Email: _____

4. _____ Email: _____

Cancellation Policy: No refunds will be issued for any registration cancellations. Your registration confirms this statement.

P O BOX 9323, ALTA LOMA, CA 91701 * PH: 909 481 3541 * FAX: 909 481 3544
support@californiasportshalloffame.org • www.californiasportshalloffame.org
REGISTRATION DEADLINE: MAY 4TH • TAX ID#20-4808852

