



Sharing Parents Golf Tournament

Saturday, May 1, 2010

Lincoln Hills Golf Course

Player Registration/Tournament Sponsor Form

Please read all tournament information and rules. By registering, players agree to abide by all rules.

Contact person for tournament registration and billing _____

Company _____

Address _____ City _____ CA Zip code _____

Phone (____) _____ Fax (____) _____ e-mail _____

Please print or type the names of the players in each foursome.

If you do not know a name, mark the TBA ("to be announced") box and provide Sharing Parents with the name by **April 16, 2010**. Participation in the tournament cannot be guaranteed if Sharing Parents does not receive the names of all players.

1st Foursome

(or individual players, if less than a foursome)

2nd Foursome

(or individual players, if less than a foursome)

Name _____ TBA

Company _____

Phone _____

Name _____ TBA

Company _____

Phone _____

Name _____ TBA

Company _____

Phone _____

Name _____ TBA

Company _____

Phone _____

Name _____ TBA

Company _____

Phone _____

Name _____ TBA

Company _____

Phone _____

Name _____ TBA

Company _____

Phone _____

Name _____ TBA

Company _____

Phone _____

Number of players _____ @ \$100/player (includes luncheon) or _____ foursomes @ \$400/foursome \$ _____

TOTAL AMOUNT DUE (Must be paid by April 16, 2010 or registration subject to cancellation) \$ _____

Sorry no refunds for no shows. If tournament is rained out, another date will be selected in 2010.

Payment method: Please make checks to Sharing Parents of Sacramento

Sharing Parents P.O. Box 19538, Sacramento, CA 95819. Fax (209) 231-5031. Phone (916) 424-5150 www.sharingparents.org