

2016 NICOLE PARKER GOLF CLASSIC AND DINNER REGISTRATION

NAME: _____ **PHONE:** _____ **EMAIL:** _____
 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) 888-9462 or fax to (818) 888-9604

Email: info@nicoleparker.org

www.nicoleparker.org

THANK YOU !

