

REGISTRATION FORM

Your Name:
Company Name:
Email:
Phone:
Address:
City/State/Zip:
TEAM REGISTRATION Please provide an email address for each player.
Team Name:(Optional)
Player 1 Name:
Email:
Player 2 Name:
Email:
Player 3 Name:
Email:
Player 4 Name:
Email:

Questions

Donna Harris-Gonzalez Phone: 1-559-351-3023 Email: donna@ccadt.org

Sponsorships

Annette Omachi Email: annette@ccadt.org

www.ccadt.org

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	- \$150	☐ Team - \$600
\$150 regis	stration in	cludes:
Green fee	& Cart	
Range ba	lls	
Scramble	s tournam	nent - shotgun start
On-course	e games:	

 Closest To The Hole; Longest Drive Breakfast Burrito
 Lunch in St. Andrews ballroom

	each.	Limit 4	per	person.
x \$5 = \$				

LUNCH TICKETS

☐ \$40 Lunch Guest Only _	x \$40 = \$
☐ Reserved Group Seating	g for 8 - \$280

SPONSORSHIPS

Please see golf tournament sponsorship flyer on our website: https://ccadt.org.

GRAND TOTAL:

Make checks payable to: Central CA Animal Disaster Team 5132 N. Palm Avenue, #113 Fresno, CA 93704-2203

Please email or mail registration form to Donna Harris-Gonzales.