

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

☐ Individual - \$150	☐ Team - \$600
\$150 registration in	ncludes:
Green fee & Cart	
Range balls	
Scrambles tournar	ment - shotgun start
On-course games:	
- Closest To Th	e Hole: Longest Driv

 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 = \$
<u> </u>	

Reserved Group Seating for 8 - \$280

SPONSORSHIPS

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

GRAND	TOTAL:	
CINAIRD	IVIAL.	

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