



REGISTRATION FORM

Location: Winchester Country Club, 3030 Legends Drive, Meadow Vista, CA 95722
(530) 878-3000

Date: Tuesday, June 3rd, 2008

Entry Fee: \$200 per person

Registration: 9:30am

Shotgun: 11:00am

PLAYER 1

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX: _____ EMAIL: _____

PLAYER 2

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX: _____ EMAIL: _____

PLAYER 3

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX: _____ EMAIL: _____

PLAYER 4

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX: _____ EMAIL: _____

****ONLY PAID ENTRY FORMS WILL BE ACCEPTED. CASH OR CREDIT CARD ONLY.****

Please fax, mail or drop off this form along with credit card authorization form to:

SPORTS 1140 GOLF CLASSIC REGISTRATION
5244 MADISON AVE
SACRAMENTO, CA 95841

PHONE: 916 338-9200
FAX: 916 338-9208