

Please fill in additional player information below:

Name _____ Handicap/AS _____

I/We would like to become a tournament sponsor. Please contact me regarding the following:

- Corporate Sponsor
- Benefactor Sponsor
- Beverage Cart/Station Sponsor

Please print out this form and when completed mail/fax to:

UNITED CEREBRAL PALSY
8525 Gibbs Drive, Suite 209
San Diego, CA 92123

Fax: (858) 571-0919

Make checks payable to:
UNITED CEREBRAL PALSY

For more information or to charge by VISA, MASTER CARD or AMERICAN EXPRESS

call (858) 571-5365

Email: mcarucci@ucpsd.org

29th Annual UCP Golf Classic

Benefiting United Cerebral Palsy of San Diego County

Monday, August 8, 2011 – 1:00 PM

The Crossings at Carlsbad
5800 The Crossings Drive
Carlsbad, CA 92008



Name _____ Phone _____

Company _____

Fax _____ Email _____

Address _____

City/State/Zip _____

Handicap/Avg.Score _____

(Entry fees include green fees, cart, lunch, dinner and tee prizes)

- I/We will be attending the "UCP GOLF CLASSIC"
- Enclosed is \$ _____ for _____ Foursome(s) Reservations at \$1,180 each.
(Please list additional names & handicaps on reverse side of registration sheet.)
- Enclosed is \$ _____ for _____ Reservation(s) at \$325 per person.
- I/We would like to be a Hole Sponsor at \$300 per hole.
Enclosed is \$ _____ for _____ Hole Sponsorship(s).
- I/We regret that I/We will be unable to attend. Enclosed is my/our contribution of \$ _____.
- I/We would like to reserve additional seats at \$40 for the Sports Auction & Awards Dinner.
Enclosed is \$ _____ for _____ Seats.