



**Child Advocates 4th Annual Golf Classic
October 12, 2009 – La Rinconada Country Club
Golf Registration and Entry Form**

<p>Golfer #1: _____ Dinner Guest? Y/N Name _____ Index Number: _____ Scramble ___ Better Ball ___ Address: _____ City: _____ State: ___ Zip code: _____ Phone: _____ Email _____ Payment: Check ___ Visa ___ Amex ___ MC ___ Name on Card: _____ Credit Card# _____ Exp.: _____ Charge the following amount to the above card: \$ _____ for (#) _____ golfers</p> <p align="center">Signature for Card Authorization:</p> <hr/> <p align="center">MUST BE SIGNED TO CONFIRM REGISTRATION</p>	<p>Golfer #2: _____ Dinner Guest? Y/N Name _____ Index Number: _____ Scramble ___ Better Ball ___ Address: _____ City: _____ State: ___ Zip code: _____ Phone: _____ Email _____ Payment: Check ___ Visa ___ Amex ___ MC ___ Name on Card: _____ Credit Card# _____ Exp.: _____ Charge the following amount to the above card: \$ _____ for (#) _____ golfers</p> <p align="center">Signature for Card Authorization:</p> <hr/> <p align="center">MUST BE SIGNED TO CONFIRM REGISTRATION</p>
<p>Golfer #3: _____ Dinner Guest? Y/N Name _____ Index Number: _____ Scramble ___ Better Ball ___ Address: _____ City: _____ State: ___ Zip code: _____ Phone: _____ Email _____ Payment: Check ___ Visa ___ Amex ___ MC ___ Name on Card: _____ Credit Card# _____ Exp.: _____ Charge the following amount to the above card: \$ _____ for (#) _____ golfers</p> <p align="center">Signature for Card Authorization:</p> <hr/> <p align="center">MUST BE SIGNED TO CONFIRM REGISTRATION</p>	<p>Golfer #4: _____ Dinner Guest? Y/N Name _____ Index Number: _____ Scramble ___ Better Ball ___ Address: _____ City: _____ State: ___ Zip code: _____ Phone: _____ Email _____ Payment: Check ___ Visa ___ Amex ___ MC ___ Name on Card: _____ Credit Card# _____ Exp.: _____ Charge the following amount to the above card: \$ _____ for (#) _____ golfers</p> <p align="center">Signature for Card Authorization:</p> <hr/> <p align="center">MUST BE SIGNED TO CONFIRM REGISTRATION</p>

**COST: \$400.00 Per Player (TAX INCLUDED, includes dinner for you and a guest)
\$75.00 Dinner Only**

Mail or Fax your completed form and payment to:
Child Advocates, 509 Valley Way, Milpitas, CA 95035, Fax 408.416.0406

PLEASE INCLUDE FULL PAYMENT FOR ALL PARTICIPANTS WITH YOUR REGISTRATION.

I am unable to attend, but please accept my 100% tax deductible donation of \$ _____

*Child Advocates of Silicon Valley is a nonprofit 501(c)(3) public benefit corporation serving the children of Santa Clara County. **Our Tax ID is 77-0250773.** Your support helps Child Advocates to provide stability and hope to abused and neglected children by being a powerful voice in their lives.*

For more information contact Jerry Fontanares 408.573.5663 or visit www.BeMyAdvocate.org