REGISTRATION

ENTRY FEE INCLUDES:
Golf, golf cart, range balls, snack pack, golf shirt, “goodie bag,” dinner and a $100 tax deduction for each golfer with your donation of:

- Individual: $175
- Team: $700

288 Player Limit
REGISTER NOW!

REGISTRATION DEADLINE: MAY 26, 2009

Please return completed form to
8432 Magnolia Avenue
Institutional Advancement - Golf
Riverside, CA 92504
or fax to 951.343.4544
or call 951.343.4439

Bruce A. Hitchcock in action
**SCHEDULE**

11 am - 12:30 pm   Check-in
11 am - 12:30 pm   Putting Contest
12:30 pm           Opening Prayer and Ceremonial First Shot
12:45 pm           Shotgun Start
6:00 pm            Awards Banquet

**TOURNAMENT INFORMATION**

- Scramble Format (Best Shot)
- Prizes for 1st, 2nd, 3rd, 4th and 5th place teams
- Games, prizes, snacks and beverages provided throughout each course
- Snack pack provided for each golfer
- Awards Banquet and raffle drawings following the tournament

**REGISTRATION FORM**

Please fill in all information to the best of your ability and knowledge.

Name ________________________________
Company ________________________________
Address ________________________________
City ________________________________
State _______ Zip ________________
Email Address __________________________
Daytime Phone __________________________

Other members of my foursome:
Please fill out completely

2) Name ________________________________
   Address ________________________________
   City ________________________________
   State _______ Zip ________________
   Email Address __________________________
   Daytime Phone __________________________

3) Name ________________________________
   Address ________________________________
   City ________________________________
   State _______ Zip ________________
   Email Address __________________________
   Daytime Phone __________________________

4) Name ________________________________
   Address ________________________________
   City ________________________________
   State _______ Zip ________________
   Email Address __________________________
   Daytime Phone __________________________

**PAYMENT OPTIONS**

Golf (Number of Golfers _____) $ ______
Sponsorship Level $ ______
Total Enclosed $ ______

**METHOD OF PAYMENT**

☐ Check (Make check payable to California Baptist University)
☐ MasterCard ☐ Visa ☐ Discover

Credit Card # __________________________
3-digit Security Code: ________________
Exp. Date ________________
Name as it appears on card (please print): __________________________
Signature: __________________________

**REGISTRATION DEADLINE: MAY 26, 2009**