

# Registration Form

Please fax registration as soon as possible to confirm participation: (707) 399-6310



## GOLF - \$250 per person

Includes green fees with cart at exclusive Green Valley Country Club, tee gifts, contests, special events, range balls, barbeque lunch, refreshments all day, buffet & awards ceremony

- Format – 4 Person Scramble
- Limited to first 144 paid entrants

## TENNIS - \$100 per person

Includes court fees, court gifts, tennis clinic, barbeque lunch, refreshments all day, buffet & awards ceremony

- Format – Round Robin
- Limited to first 24 paid entrants

**Player #1**  I plan to attend the buffet & awards ceremony

Name \_\_\_\_\_ Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Tennis Only:** Circle Level of Play: A B C D or USTA (NTRP) \_\_\_\_\_

**Player #2**  I plan to attend the buffet & awards ceremony

Name \_\_\_\_\_ Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Tennis Only:** Circle Level of Play: A B C D or USTA (NTRP) \_\_\_\_\_

**Player #3**  I plan to attend the buffet & awards ceremony

Name \_\_\_\_\_ Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Tennis Only:** Circle Level of Play: A B C D or USTA (NTRP) \_\_\_\_\_

**Player #4**  I plan to attend the buffet & awards ceremony

Name \_\_\_\_\_ Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Tennis Only:** Circle Level of Play: A B C D or USTA (NTRP) \_\_\_\_\_

## Payment Section

Your Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Office Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Amount from Registration Form \$ \_\_\_\_\_

Amount for Dinner Guest(s) @ \$45 per guest \$ \_\_\_\_\_

Amount of Sponsorship \$ \_\_\_\_\_

Amount of Donation \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_

**Credit Card Purchase** **Item Number(s)** \_\_\_\_\_

For security purposes, our merchant services system requires us to record the following information for your credit card purchase/donation.

**Credit Card Type**  Visa  Master Card  AmEx  Discover

Number \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

Address for Credit Card \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone number where you receive the bill \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**MAKE CHECKS PAYABLE TO AND MAIL TO: NORTHBAY GUILD, 1200 B. Gale Wilson Blvd., Fairfield, CA 94533**