

Player Registration Form *Date: September 23, 2019 The Mills Auditory Foundation*

Please fill in this form and submit with payment for players listed below (#1-4)

1st Player's Name: _____ Phone: _____

Street: _____ Email: _____

City: _____ State: _____ Zip: _____

Shirt Size: S M L XL XXL Rental Clubs: Y N

2nd Player's Name: _____ Phone: _____

Street: _____ Email: _____

City: _____ State: _____ Zip: _____

Shirt Size: S M L XL XXL Rental Clubs: Y N

3rd Player's Name: _____ Phone: _____

Street: _____ Email: _____

City: _____ State: _____ Zip: _____

Shirt Size: S M L XL XXL Rental Clubs: Y N

4th Player's Name: _____ Phone: _____

Street: _____ Email: _____

City: _____ State: _____ Zip: _____

Shirt Size: S M L XL XXL Rental Clubs: Y N

<p>Fee</p> <p>\$200 Per Player</p> <p><i>Includes: Cart, Course Fees, Team Prizes, Lunch and On-Course Refreshments, Banquet Dinner</i></p>

<p><u>Want To Bring A Guest To Dinner?</u></p> <p>\$50 Per Person</p> <p>Cocktails (no-host bar) at 5:00 p.m. Buffet dinner at 6:00 p.m.</p> <p>Yes, I am paying for ____ dinner guest(s):</p> <p>Name: _____</p> <p>Name: _____</p> <p>For more information, contact: Freddie Mills 877.774.4240 freddie@millsauditoryfoundation.org</p>
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<p>Select Payment Method</p> <p><input type="checkbox"/> Mail in check or credit card information with this registration form to: The Mills Auditory Foundation 15375 Barranca Pkwy, Suite B-202, Irvine, CA 92618</p> <p><input type="checkbox"/> Fax credit card information and this registration form to: 949.450.2010</p>
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Amount Included \$ _____

Credit Card: VISA MASTER CARD AMEX DISCOVER (circle one)

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ CCV: _____

Billing Address: _____

City: _____ State: _____ Zip: _____