

Player Enrollment Information

Name:	
Company Name:	
Address:	
City, State, Zip	
Cell / Email:	

Single golfers are welcome. We will pair you up or you can add players to create your own foursome below.

Additional Player Information

	Player Name (First & Last)	Player Company	Player Phone #
Player 2 :			
Player 3 :			
Player 4 :			

PAYMENTS MUST ACCOMPANY FORM TO ENSURE PLAYER RESERVATION

Payments can be mailed to the address listed below and must be received by **May 2nd , 2016.**

_____ Foursome Golf Packages	\$600.00/four (4) individuals
_____ Individuals	\$150.00/person
_____ Dinner & Cocktails Only	\$75.00/person
_____ I am unable to attend. Please accept my donation of \$ _____	

PAYMENT INFORMATION

Total Amount \$ _____

Check Check #: _____ (Payable to CH Reynolds Electric Inc.)

Credit Card Exp Date: _____ (Visa/Mastercard/AmEx)

Number: _____ CVV Security Code: _____

Billing Address: _____

Billing City, State, Zip _____

Signature: _____

CONTACT INFORMATION

1281 Wayne Ave
San Jose, CA 95131
Fax: 408.436.9289
Phone: 408.436.9280
pr@chreynolds.com

