

Registration Form

Enrollment Information

Name:	
Company Name:	
Address:	
City:	
State:	
ZIP Code:	
Home Phone:	
Work/Cell:	

Player Information

Player 1:		Hdep/Index:
Player 2:		Hdep/Index:
Player 3:		Hdep/Index:
Player 4:		Hdep/Index:

Single golfers are welcome. We will pair you or you can create your own four-some.
 Payments must accompany form. Please make all checks payable to CH Reynolds Electric Inc.
 Credit Card Information must include: Name on card, Card number, Exp. Date & Zip code.
 Payments can be mailed to the address listed below and must be received by May 21st, 2009.

- _____ Foursome Golf Packages \$600
- _____ Individuals \$ 150
- _____ Dinner & Cocktails Only \$75
- _____ I am not able to attend. Please accept my Donation

Credit Card information:

Visa/Master Card: _____ Number: _____ Exp. Date: _____ Zip: _____

1281 Wayne Ave
 San Jose CA 95131
 Contact: Tiffany Howard
 tiffanyh@chreynolds.com
 Phone: 408 217-2202 Fax: 408 436-9289