

SPONSORSHIP/GOLFER REGISTRATION 2012



MAIL THIS COMPLETED FORM ALONG WITH A CHECK MADE PAYABLE TO BCHS TO:

32ND ANNUAL GOLF TOURNAMENT
 BOURGADE CATHOLIC HIGH SCHOOL
 4602 N 31ST AVE, PHOENIX, AZ 85017
 OR

REGISTER ONLINE AT WWW.BOURGADECATHOLIC.ORG

Sponsor Name: _____

Contact Name: _____

Phone: _____

Address: _____

City, State Zip: _____

Email Address: _____ @ _____

1st Golfer: _____

Email Address: _____ @ _____

2nd Golfer: _____

Email Address: _____ @ _____

3rd Golfer: _____

Email Address: _____ @ _____

4th Golfer: _____

Email Address: _____ @ _____

___ **Double Eagle** ___ **Eagle** ___ **Birdie** ___ **Individual**

___ Visa ___ MC ___ Discover ___ AMEX

Sponsor Fee _____

Card Number _____

Golfer's Fee _____

3 digit Security Code _____ Expiration date _____

I am unable to attend but please
accept my donation _____

Name as it appears on Card _____

Total Enclosed _____

Card billing address _____

To pay by Credit Card mail or fax signed registration
form to 602-973-5854 (fax number)

Total to be charged \$ _____

Card holder signature _____