



PAUL VAN HANDEL
MEMORIAL FOUNDATION

Golf for Special Needs REGISTRATION FORM

Hole Sponsors Registration Form \$250

Contact Name		Organization		
Phone		Email		
Type of Payment Received	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash	Credit Card Information	Credit Card No.	
			Expiration Date	CSV Code
			Name on Card	
			Address	
			City	
			State	Zip

Golfing Foursome Registration Form \$400

Golfer 1/Payer		Email		
		Phone		
Type of Payment Received	<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash	Credit Card Information	Credit Card No.	
			Expiration Date:	CSV Code:
			Name on Card:	
			Address:	
			City:	
			State:	Zip:
Golfer 2 Name		Email		
		Cell Phone		
Golfer 3 Name		Email		
		Cell Phone		
Golfer 4 Name		Email		
		Cell Phone		