



Entry Form

Company _____
Address _____
Daytime Phone _____

Contact Person _____
City, State, Zip _____
Email _____

Golfer Information

Golfer #1
Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Email _____

Golfer #2
Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Email _____

Golfer #3
Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Email _____

Golfer #4
Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Email _____

- Sponsorship Level: Awards Reception Beverage Cart Swag Bag Sponsor Breakfast Host Clubhouse
 Caddie Photo Box Lunch Cigar Beat the Doc/Pro Snack Tee or Green

We are unable to attend but please accept my donation of \$ _____

Method of Payment:

- MC Visa Amex Discover Check

Total Amount \$ _____ Card Number _____ Exp. Date _____

Name on Card _____ Signature _____

Register your foursome online at www.choccharityclassic.org • **Registration Deadline is April 20, 2017** • **Company Logos Due April 25, 2017**

Mail Entry Form to:
CHOC Children's Foundation
Attn: Winnie Tran
1201 West La Veta Avenue, Orange, CA 92868
FAX: 714.509.8380 Email: wtran@choc.org
CHOC Fed Tax ID# 95-6097416



Gift In-Kind Donation Form

Date: _____

To: CHOC Children's Hospital

From: _____

Re: Gift In-Kind Donation

_____ is pleased to contribute to the **CHOC Children's Classic** to be held on Monday, May 15, 2017 at the Pelican Hill Golf Resort.

Donation Description: _____

The estimated value of the donation is: _____

Signature: _____

Name of Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Thank you for supporting the Children of CHOC!

Send this form to:

Winnie Tran, CHOC Children's Foundation

1201 W. La Veta Avenue, Orange, CA 92868

Email: wtran@choc.org Phone: 714.509.4229 Fax: 714.509.8380

CHOC Fed Tax ID 95-6097416

Donations must be received by April 20, 2017