



PACE 2010 Golf Classic

Registration Form

Cinnabar Hills Golf Club San Jose
Monday, April 26, 2010

REGISTRATION DUE BY: April 5, 2010

Contact for sponsorship information
Pacific Autism Center for Education
1880 Pruneridge Ave.
Santa Clara, CA 95050

Attn: Bridget Holian
Tel: 408-245-3400 Fax: 408-260-7267
Email: bridgetholian@pacificaautism.org

NAME OF PRIMARY CONTACT: _____

Foursome \$700 Single \$175

Name of Player #1 _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name of Player #2 _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name of Player #3 _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name of Player #4 _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name of additional dinner guest _____

Name of additional dinner guest _____

Yes! We would like to pre-purchase:

- 12 Donation drawing tickets \$50
- Single donation drawing ticket \$5/each
- Mulligan ticket \$5
2 max per player
- ___ Extra tickets for dinner \$60 each

**HOLE-IN-ONE
WIN A
2010 GMC Terrain**

- We regretfully decline but please accept our donation of \$ _____

METHOD OF PAYMENT:

Check Enclosed for \$ _____ (Payable To PACE)

Please Charge My ___ Visa ___ Mastercard

Card Number _____

Expiration Date: ___ / ___ (Month/Year) Security Code: ___ ___ ___ (Visa/MC back)

Billing Address (required): _____

Phone Number (required): _____ Email (required): _____

Signature: _____ Print Name: _____

Register online at www.pacificaautism.org