



# PACE 2017 GOLF CLASSIC

Cinnabar Hills Golf Club, San Jose, CA

May 19, 2017

**FOURSOME (\$900) before May 5th  
(\$1000) after May 5th**

**SINGLE (\$225) before May 5th  
(\$250) after May 5th**

**PLAYER 1**

**PLAYER 2**

Mr.  Mrs. Name \_\_\_\_\_

Mr.  Mrs. Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**PLAYER 3**

**PLAYER 4**

Mr.  Mrs. Name \_\_\_\_\_

Mr.  Mrs. Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**2017 PACE GOLF CLASSIC RAFFLE DRAWING**

YES! I would like to pre-purchase:

- Raffle Ticket @ \$5 each
- 12 Raffle Tickets @ \$50

Mulligan @ \$5 each (max 2/golfer)

**PAYMENT INFORMATION**

- Each golfer paying individually
- Please find my enclosed check (payable to PACE) \$ \_\_\_\_\_
- Payment made on [www.pacificautism.org](http://www.pacificautism.org)
- Please charge my credit card \$ \_\_\_\_\_

Foursome total payment enclosed

Visa     Mastercard     American Express

Card Holder's Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration: (Month/Year) \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Card Holder's Email (Required for credit card payment): \_\_\_\_\_ Telephone: \_\_\_\_\_

Billing Address \_\_\_\_\_

Return this form to: [kelliewelch@pacificautism.org](mailto:kelliewelch@pacificautism.org)

or mail to the address below: