

PLAYER 1	PLAYER 2
Name (First and Last)	Name (First and Last)
Address, City, State, Zip	Address, City, State, Zip
Telephone	Telephone
Email Address (Required)	Email Address (Required)
Please list any dietary allergies or preferences	Please list any dietary allergies or preferences
PLAYER 3	PLAYER 4
Name (First and Last)	Name (First and Last)
Address, City, State, Zip	Address, City, State, Zip
Telephone	Telephone

Email Address (Required)

Please list any dietary allergies or preferences

Please list any dietary allergies or preferences

Email Address (Required)

## PAYMENT INFORMATION

O Please find my enclosed check (payable to PA		
O Please charge my credit card \$		
Card Holder's Name:		
Credit Card #	Expiration (Month/Year)	CVV
Card Holder's Email Address	Telephone	

Billing Address if different than above

## Return this form to:

PACE, ATTN: Christina Bavilacqua, 1880 Pruneridge Avenue, Santa Clara, CA 95050

Or send electronically to christinabavilacqua@pacificautism.org