



2695 S. Jersey St. Denver, CO 80222 | 303.759.1192 | fax 303.759.1194 | info@altavista-autism.org | www.altavista-autism.org

## GOLF TOURNAMENT REGISTRATION FORM

**Thursday, June 19, 2008**  
**The Ridge at Castle Pines North**

**Date** \_\_\_\_\_

Name: _____
Company: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

### Player 2

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

### Player 3

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

### Player 4

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

## Registration Status

- Foursome at \$700 (discount)
- Individual Golfer(s) at \$195 per person
- Lunch and Auction Only at \$30
  
- I am not able to attend, but please accept my tax deductible donation of \$ \_\_\_\_\_

## Payment Option

I will pay by check:  Make payable to *Alta Vista Center for Autism*

Please charge my credit card:  Visa  MasterCard

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_

**Registration form and payment due: June 1, 2008**

*Mail form and payment to  
Alta Vista Center for Autism  
2695 S. Jersey St., Denver, CO 80222*

**OR**

*Fax form to  
303-759-1194, attn: Nancy*

**For further details: 303-759-1192 ext 11 or [nhill@altavista-autism.org](mailto:nhill@altavista-autism.org)**

*Alta Vista Center for Autism is a nonprofit corporation under section 501(c)3 of the Internal Revenue Code.*