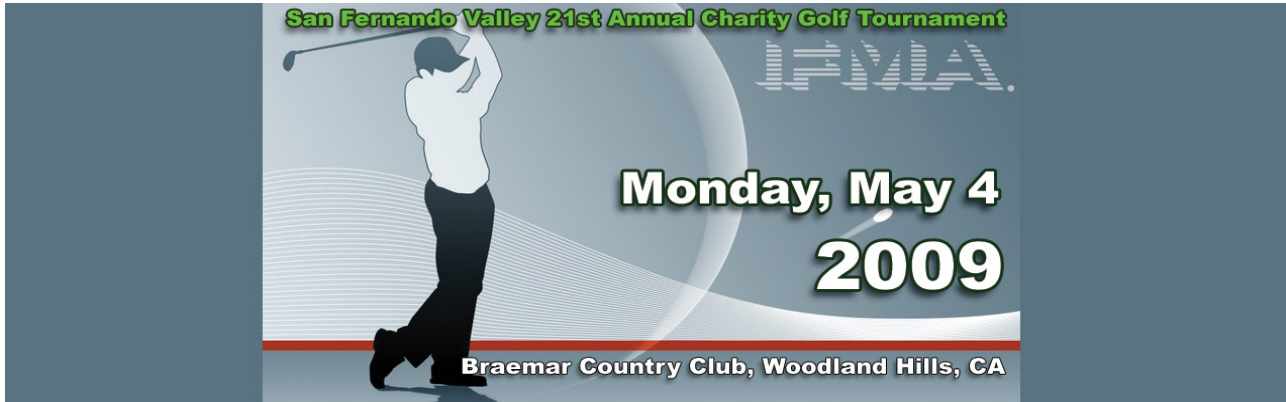


REGISTRATION FORM



REGISTRAR'S CONTACT INFORMATION:

Company Name: _____
(As you would like on marketing materials, website)

Full Name: _____

Address: _____

Address 2: _____

City, Zip and State: _____

Phone: _____

Fax: _____

Email: _____

Company Website: _____

PAYING BY: CHECK ONLINE REQUEST INVOICE

BILLING CONTACT INFORMATION: (If different from register's)

Company Name: _____

Full Name: _____

Address: _____

Address 2: _____

City, Zip and State: _____

Phone: _____

Fax: _____

Email: _____

REFERRED BY:

Company Name: _____

Full Name: _____

Email: _____

PAYING BY CHECK:

All Checks must be payable to: **SFV Golf Tournament**
Mail completed form to: **Environetics - Attn: Brenda Paganelli - 8530 Venice Blvd. - Los Angeles, CA 90034**

* Confirmation, additional information, logos will be posted on website once payment is received.

PAYING ONLINE:

Go to www.ifmasfvgolf.org



Fax this completed form after you submit your payment, or complete the online Contact, Sponsor forms online

* Confirmation, additional information, logos will be posted on website once payment is received.

SUBMITTING THIS FORM:

VIA MAIL: Mail completed form to: **Environetics - Attn: Brenda Paganelli - 8530 Venice Blvd. - Los Angeles, CA 90034**

VIA FAX: Fax completed form to: **Brenda Paganelli - 310-287-2185**

* If you have any questions regarding your processed registration please call Brenda Espinoza 310.287.2180 x-130

GOLF PACKAGES

(Please circle your selection)

PACKAGE	PACKAGE INCLUDES	COST
FOURSOME	Includes: Carts, Lunch, Gift Bags, Photos, Hors D'oeuvres & Cocktail Tickets. (\$860 before May 4, 2009)	\$ 1,075.00
SINGLE PLAYER	Includes: Cart, Lunch, Gift Bags, Photos, Hors D'oeuvres & Cocktail Tickets. (\$240 before May 4, 2009)	\$ 300.00

PLAYER ONE:



Company Name: _____

Full Name: _____

Address: _____

Address 2: _____

City, State & Zip _____

Phone: _____

Fax: _____

Email: _____

1

PLAYER TWO:



Company Name: _____

Full Name: _____

Title: _____

Address: _____

Address 2: _____

City, State & Zip _____

Phone: _____

Fax: _____

Email: _____

2

PLAYER THREE:



Company Name: _____

Full Name: _____

Title: _____

Address: _____

Address 2: _____

City, State & Zip _____

Phone: _____

Fax: _____

Email: _____

3

PLAYER FOUR:



Company Name: _____

Full Name: _____

Title: _____

Address: _____

Address 2: _____

City, State & Zip _____

Phone: _____

Fax: _____

Email: _____

4

FOURSOME PACKAGE: \$1175 (After May 4, 2009). SINGLE PACKAGE: \$375 (After May 4, 2009)