

REGISTRATION FORM

A Taste of Napa 2010 | CLASSIC THE GOLF CLUB AT RAVENNA



Please Fill out the following registration form and return it by mail or faxing it to:
Hope House of Colorado P.O. Box 740568 Arvada, CO 80006 Fax #: 303-439-2136

Participants: (Please include the names of any players on your Foursome)

Please fill out addresses for each golfer so we can send printed invitations to the wine tasting.

Name: PLAYER ONE

Company/Organization: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ E-mail Address: _____

Shirt Info: (Circle one) Male Female Size: S M L XL XXL Color: Blue White Black
(Black not available in womens shirts)

Name: PLAYER TWO

Address: _____

City/State/Zip Code: _____

Phone Number: _____ E-mail Address: _____

Shirt Info: (Circle one) Male Female Size: S M L XL XXL Color: Blue White Black
(Black not available in womens shirts)

Name: PLAYER THREE

Address: _____

City/State/Zip Code: _____

Phone Number: _____ E-mail Address: _____

Shirt Info: (Circle one) Male Female Size: S M L XL XXL Color: Blue White Black
(Black not available in womens shirts)

Name: PLAYER FOUR

Address: _____

City/State/Zip Code: _____

Phone Number: _____ E-mail Address: _____

Shirt Info: (Circle one) Male Female Size: S M L XL XXL Color: Blue White Black
(Black not available in womens shirts)

Experience
"A Taste of
Napa" Wine
Tasting and
live auction
at the Wine
Loft, June
19th, 2010.
Look for
your
invitation in
the mail!

*Registration Fee (Per Player): \$400.00

*\$200 tax deductible

Registration fee includes admission to Wine Tasting

How many registration fees
will you be paying for
(Including your own): _____

Amount Due: _____

For more information contact Katie Cassidy at:
katie@hopehouseofcolorado.org or 303-429-1012

Payment Options:

Visit www.hopehouseofcolorado.org to pay online. (Be sure
to include Golf Registration in the comment field)

Or

Send in your payment and registration form via mail or fax.
(Please make all checks out to Hope House of Colorado)

For Payment by Credit Card: (Check One)

Visa American Express Mastercard

Amount: _____ Expiration Date: _____

Credit Card #: _____