

PLEASE REGISTER BY FRIDAY APRIL 16, 2010

CCNJ Spring Conference Golf Tournament Registration Form
1PM Shot Gun Start – 6PM Prize Reception
Dolce Seaview, Galloway Township, NJ | April 27, 2010



If you wish to participate in the Golf Tournament as a single player or a foursome, please complete the form below and return to the CCNJ Office. **The cost per player is \$230, which includes your round of golf and the evening reception following the tournament.** You can pre-select your foursome by providing the names below, or if you are playing solo, the CCNJ staff will make sure to put you in an appropriate foursome. Please, provide each player's handicap with their name.

Select One:

Please place me in a foursome.

My foursome is listed below.

My foursome is forthcoming.

Complete Form:

First Name

Last Name

Title

Company Name

Mailing Address

City/State/Zip

Telephone

Fax

Email

Player 1

Handicap

Player 2

Handicap

Player 3

Handicap

Player 4

Handicap

Payment information

Please make check payable to the **CCNJ** and mail to **CCNJ, 150 West State Street, Trenton, NJ 08608** or check one of the following:

Invoice me Charge my credit card. Payment is forthcoming.

[Please note a 4% convenience fee will be added to payments made with a credit card]

Card #

Exp. Date

Circle One: **Visa Amex MasterCard**

Signature

Fax to: 609.392.4816

