



21st Annual
James M. Ford
Golf Classic
 May 1, 2009
 Avalon Golf Links

If Company, Include Company Name:		
First Name:	Last Name:	
Street Address:	Suite:	
City:	State:	Zip:
Phone:		
Email:		
Team Capitan and Members		
<p>If your team name has already been registered by another team member, or if you are registering a team name for the first time, please enter it in the space provided. If you are an individual looking for a team, please check the box below.</p> <p>If you are the Team Captain or single registration, enter your information in the Captain area. Contact the Foundation, at 360-416-7870 if you have any questions.</p>		
Team Name:	or, <input type="checkbox"/> I need to be assigned a team	
Capitan:	@ \$125	
Team Member 2:	@ \$125	
Team Member 3:	@ \$125	
Team Member 4:	@ \$125	
Registration Fees		
No. of Golfers Registering: <input type="text"/>		x \$125/each =
Total Payment Enclosed =		

Please Make Checks Payable To: SVC Foundation James Ford Golf Classic

Mail Form & Payment To:
 SVC Foundation
 2405 East College Way
 Mount Vernon, WA 98273

For Information Contact the Foundation Event Staff:
 Kelli Tolf, 360.416.7870
kelli.tolf@skagit.edu