

PLAYER REGISTRATION

Player 1- \$230 Entry Fee \$205 Early Bird Tournament Package \$50

Name _____

E-mail _____

Company Name _____

Address _____ City, Zip _____

Day Phone _____

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Enclosed is my check payable to the Friends of the Children's Museum for \$ _____

Please charge my VISA Mastercard Amount: \$ _____

Card# _____ CVV# _____ Exp. : _____

Name on Card _____

Phone _____ Signature _____

E-mail: _____

Mail to: The Children's Museum at La Habra

Attn: Chipping In For Kids 301 S. Euclid St, La Habra Ca 90631