

# PLAYER REGISTRATION

Player 1- \$250 Entry Fee  \$225 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