

INLAND BEHAVIORAL & HEALTH SERVICES, INC.'S
7TH ANNUAL GOLF TOURNAMENT
JUNE 17, 2011
Shotgun start at 7:30am

REGISTRATION FORM

(please print)

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

TEE SPONSORSHIPS

- _____ Hole Sponsor(s) \$100 each
 _____ Sand Trap Sponsor(s) \$ 50 each

Total: \$ _____

GOLF PARTICIPATION

(Please fill out player registration on back of this page)

- Team of 4 Players \$400
 Individual Player \$100

Total: \$ _____

DONATIONS

- I/We are unable to attend, but please accept my/our donation for the amount of:
 Please accept the following donation(s) to use as Raffle/Tee Prize(s):

Total: \$ _____

Grand Total: \$ _____

METHOD OF PAYMENT

- Check (payable to IBHS) Money Order (payable to IBHS) Cashier's Check (payable to IBHS) Cash
 Credit/Debit Card Select one: Visa MasterCard Discover American Express

Name on Card: _____ Card #: _____

Exp. Date: _____ Card Security Code: _____ Signature (card holder): _____
(# located behind credit card)

Please fill out form (print) and mail to:
Inland Behavioral & Heath Services, Inc.
1963 North 'E' Street, San Bernardino, CA 92405
ATTN: Golf Committee

Deadline: June 10, 2011



Please Enclose Payment with Registration Form



GOLF PLAYER REGISTRATION

Please Print

PLAYER 1

Name: _____

Email: _____

Phone: _____

Address: _____

City/State/Zip code: _____

Fax: _____

PLAYER 2

Name: _____

Email: _____

Phone: _____

Address: _____

City/State/Zip code: _____

Fax: _____

PLAYER 3

Name: _____

Email: _____

Phone: _____

Address: _____

City/State/Zip code: _____

Fax: _____

PLAYER 4

Name: _____

Email: _____

Phone: _____

Address: _____

City/State/Zip code: _____

Fax: _____

Thank you!!