

TEAM REGISTRATION

TEAM NAME:

PLAYER NAME:

PHONE #:

PLAYER NAME:

PHONE #:

PLAYER NAME:

PHONE #:

PLAYER NAME:

PHONE #:

PLAYER NAME:

PHONE #:

PLAY-IN FEE PER TEAM: **\$560**

PAYMENT METHOD:

- ☐ CASH ☐ VISA ☐ OTHER
☐ CHECK ☐ MASTERCARD
☐ AMEX ☐ DONATION (NOT SPONSOR)

CC#:

CVV:

EX. DATE:

SPONSORSHIP LEVEL:

TOTAL: \$

SIGNATURE:

CONTACT NAME:

PHONE #:

BILLING ADDRESS:

MAIN EMAIL:

SUBMIT TO ANY CHICHO'S LOCATION



THANK YOU!

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ANNUAL GOLF TOURNAMENT



FOR



Autism Society
Tidewater Virginia

WEDNESDAY

OCTOBER 11, 2023

11:30 AM SHOTGUN START

RED WING LAKE GOLF COURSE

1144 PROSPERITY RD.

VIRGINIA BEACH, VA 23451