



PLAYER REGISTRATION

All sponsorships are first come - first serve with a deadline for 9/6/14 to be recognized in Golf Program.

Player 1: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Player 2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Player 3: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Player 4: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My Check Payable to RE/MAX-CMN is enclosed for \$ \_\_\_\_\_

Visa – Master Card – American Express – (Circle One)

Name On Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CW (3 digit Code On Back Of Card) \_\_\_\_\_

BillingAddressOfCardHolder \_\_\_\_\_

Fax To 908.462.8008 or email PDF to [info@miraclesmadesimple.org](mailto:info@miraclesmadesimple.org).

MMS Golf Invitational | c/o RE/MAX of New Jersey | 509 South Lenola Road, Suite 5, Moorestown, NJ, 08057

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