



PLAYER REGISTRATION FORM

Team/Company Name: _____ Phone: _____

Email Address: _____

Player's Name
1.
2.
3.
4.

FEES

Four Person Team	\$550	
Per player until June 30	\$150	
Per player August 1 – 9	\$165	
Per player after August 9	\$175	
TOTAL		\$

PAYMENT

Submit payment via email to:
aharbert@mysccar.org
 or call 831-464-2000

Name on CC:	
CC#:	
Exp Date	CVV#:
Signature	

For more information contact Andrea Harbert, aharbert@mysccar.org or 831-464-2000