

## Registration Sponsors

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

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

City

State

Zip Code

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Contact: \_\_\_\_\_

SPONSORSHIP LEVEL: \_\_\_\_\_

## Players Information

Players Name	Phone	Email	Handicap	GHIN#	Polo Shirt Size



Please make your payment to: **Foundation for Puerto Rico**

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