

THE MISSION OF CFS:

“...TO HELP PREPARE OUR
STUDENTS FOR PRODUCTIVE AND
FULFILLING LIVES...”

Registration Form



Organization Name (if applicable): _____

Player #1 Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		

Player #2 Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		

Player #3 Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		

Player #4 Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		

Cost for Golf Tournament (including *gifts, lunch, golf, cart, open bar, dinner and MORE!*):

\$250/player or \$1,000 per foursome

Early-Bird Discount: \$25 discount per player
registered and paid before August 20, 2010.

Please make checks payable to "CFS".

Sponsorship Opportunities: go to www.gocfs.net

Return form to:

CFS Golf Classic
1001 E Lincoln Hwy
Exton, PA 19341

Or email: nfanelli@gocfs.net

For more information, contact Neil Fanelli at 610-363-5330 or nfanelli@gocfs.net