

RESERVATION FORM

CHARLEY HOFFMAN FOUNDATION PRO-AM



BILLING AND DELIVERY INFORMATION

Individual Name

Company Name

Bill to (if different from above)

Billing Address

City

State

Zip

Phone

E-Mail

Delivery Address (if different from billing)
No P.O. Boxes Please

City

State

Zip

Phone

☐ Bill Responsible Party

☐ Check or money order enclosed (make payable to Shriners Hospitals for Children)

☐ Please Charge my credit card: ☐ MasterCard ☐ Visa ☐ Discover ☐ AMEX

Card#

Code #

Exp.

Signature

INDICATE QUANTITY:

Quantity

Cost

Total

Charley Hoffman Foundation Las Vegas Pro-Am Spot

\$2,100

Charley Hoffman Foundation Las Vegas Pro-Am Foursome

\$7,400

Charley Hoffman Foundation Party at ARIA

\$75.00

GRAND TOTAL:

Return to: Charley Hoffman Foundation
2851 Camino Del Rio South, #420
San Diego, CA 92108
619-571-2390

If paying by check, please make payable to Shriners Hospitals for Children.

This investment may qualify for a 100% deduction as an entertainment expense incurred in connection with a charitable sporting event. Please consult your tax advisor.