

# Niello Audi

## quattro Cup Golf Tournament 2019

### Tournament Registration

<p>Date: Friday, May 31, 2019</p> <p>Course: Rancho Murieta Country Club 7000 Alameda Drive, Rancho Murieta, CA 95683</p>	<p>Time: 10:00am Registration 11:00am Tournament Start</p> <p>Pricing: \$175 Single \$325 per Twosome \$625 per Foursome</p>
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**Tournament Style:**

**Audi quattro Cup Tournament**

**First Place:** Winning team qualifies to compete at the 2019 Audi quattro Cup United States Final and will have a chance to qualify for the 2019 World Final.

Requirements:

- All golfers must provide a GHIN number & index.
- The tournament will be scored using the Greensome Stableford Method
- **All foursome registrations will be separated at random into two (2) twosomes.**

To see rules and regulations visit <http://www.audiquattrocup.com/>

**Questions – Please feel free to contact Joseph Ramos at 916-453-2018.**

Please fill out your team information below. quattro Cup Tournament teams consist of two members only and **must have a GHIN#.**

**Registrar Information**

**Group Member #1**

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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Email Address \_\_\_\_\_

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Address \_\_\_\_\_

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

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Phone \_\_\_\_\_ GHIN # \_\_\_\_\_ Index # \_\_\_\_\_

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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Address \_\_\_\_\_

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

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Phone \_\_\_\_\_ \$ \_\_\_\_\_

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Amount enclosed \_\_\_\_\_

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Email Address \_\_\_\_\_

**Additional Dinner Program Tickets (\$45 per person):**

No  Yes Quantity Needed: \_\_\_\_\_

**Direct Donation to Shriners Hospitals for Children:**

\$10  \$25  \$50  \$100

**Pay By Credit Card (Fax this form to: 916-453-2388)**

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Name as it appears on Credit Card \_\_\_\_\_

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Credit Card Number \_\_\_\_\_ CVV \_\_\_\_\_

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VISA  MasterCard  Discover  Am. Ex. Exp Date \_\_\_\_\_

Please make checks payable to **Shriners Hospitals for Children** and mail your check and completed form to:

**Shriners Hospitals for Children**  
**C/O: Joseph Ramos**  
**2425 Stockton Boulevard**  
**Sacramento, CA 95817**

**Group Member #2**

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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Email Address \_\_\_\_\_

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Address \_\_\_\_\_

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

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Phone \_\_\_\_\_ GHIN # \_\_\_\_\_ Index # \_\_\_\_\_

