

Player Registration Form



Please provide ALL information requested below:

Sponsor Name: _____ Team Name: _____

Player Name: _____

Player Business: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Time of Play Preference: AM / PM

Players registered on a first come, first served basis.

Payment Information:

Payment Method: Check Visa Mastercard Discover

Please make checks payable to the *Aqqaluk Trust* and mail to:

Utukkuu Snow Golf Challenge PO Box 509 Kotzebue, AK 99752

Sponsorship Level: _____

Individual Player fee \$150 x _____ # of players = _____ + Caddie Fee \$100 (optional)

Total Amount: \$ _____

Cardholder Name: _____

Card number: _____ Expiration: _____

Card Billing Address: _____

Signature: _____

Please fill out form & mail or fax to: Aqqaluk Trust PO Box 509 Kotzebue, AK 99752~ Fax: 907-442-2289

Registration Deadline for participation is: FEBRUARY 27, 2012

For more information visit our website www.aqqaluktrust.com or contact Sarah Hobart at 907.441.9928 / sarah.hobart@nana.com

The Robert Aqqaluk Newlin Sr., Memorial Trust (Aqqaluk Trust) is exempt from federal income tax under Section 501 (c)(3) of the Internal Revenue Code. Donors may deduct charitable donations & gifts under section 170 of the Internal Revenue Service Code, federal tax ID number is 94-3116762.