



Presented by



Registration Form

- I have a Team (foursome)
 - Please arrange a Team (foursome) for me
 - My handicap is: _____
(Will be set by PGA pro day of tournament)
 - Number of Players to be paid with this form:
\$165 x number of players or 4 players for \$600
\$ _____
 - I will be bringing non-playing guest(s) to the evening Social Reception
\$25 for each of my guests \$ _____
- TOTAL AMOUNT ENCLOSED** \$ _____

Form Submitted by:	
	Your Name
	Address
Date Submitted:	Phone Number

PLEASE FAX 541-683-3748 or email to denisebe@reliefnursery.org

Relief Nursery
1720 West 25th Avenue
Eugene, OR 97405

Phone 514-343-9706

Fed Tax ID # 93-0784800





Registration and Fees

\$165 per Player ~ Includes Golf, Cart, Lunch, Social, and Prizes



Individual Player Registration

Team Registration

Name: _____ **Telephone:** _____

Address: _____

Street _____ State _____ Zip _____

Signature: _____

Visa **Master Card**

Card Number: _____

Expiration Date: _____

Name on Card _____

Name: _____ **Telephone:** _____

Address: _____

Street _____ State _____ Zip _____

Signature: _____

Visa **Master Card**

Card Number: _____

Expiration Date: _____

Name on Card _____

Name: _____ **Telephone:** _____

Address: _____

Street _____ State _____ Zip _____

Signature: _____

Visa **Master Card**

Card Number: _____

Expiration Date: _____

Name on Card _____

Name: _____ **Telephone:** _____

Address: _____

Street _____ State _____ Zip _____

Signature: _____

Visa **Master Card**

Card Number: _____

Expiration Date: _____

Name on Card _____

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