



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:  
\$200 x number of players  
\$ \_\_\_\_\_
  - I will be bringing non-playing guest(s) to the evening  
Social Reception \$35 for each of my guests  
\$ \_\_\_\_\_
- TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

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

**PLEASE FAX 541-683-3748 or email to [erikare@reliefnursery.org](mailto:erikare@reliefnursery.org) or [charlfa@reliefnursery.org](mailto:charlfa@reliefnursery.org)**

**Relief Nursery**  
1720 West 25th Avenue  
Eugene, OR 97405

Phone 514-343-9706 extension 108 or 106

Fed Tax ID # 93-0784800





## Registration and Fees

**\$200 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: \_\_\_\_\_

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