



CROSSING BRIDGES

Therapeutic Riding Center

GOLF TOURNAMENT REGISTRATION

PLAYER INFORMATION (fill out your personal information)

NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

SPONSORSHIP INFORMATION (fill out if you're sponsoring event)

COMPANY NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

SELECT REGISTRATION OPTIONS & PAYMENT INFORMATION

EVENT SPONSORSHIP (CHECK ONE)

DIAMOND (\$2000) _____

STERLING (\$1500) _____

PLATINUM (\$1000) _____

HOLE SPONSORSHIP (CHECK ONE)

GOLD (\$400) _____

SILVER (\$200) _____

PLAYER REGISTRATION (CHECK ONE)

PLAYER (\$50) _____

TEAM (\$100) _____

TOTAL: _____

SIGNATURE: _____

DATE: _____

I agree to pay the above total amount. Event Sponsorship is due by June 1, 2021. Registration payment is due the day of the event.

>> PLEASE MAKE ALL CHECKS PAYABLE TO CROSSING BRIDGES TRC <<

MAIL TO: CROSSING BRIDGES TRC, ATTN: JENNIFER CLARK, PO BOX 2276, GRANTS PASS, OR 97528