



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)	HOLE SPONSORSHIP (CHECK ONE)
DIAMOND (\$2000) _____	GOLD (\$400) _____
STERLING (\$1500) _____	SILVER (\$200) _____
PLATINUM (\$1000) _____	
PLAYER REGISTRATION (CHECK ONE)	
PLAYER (\$50) _____	TOTAL: _____
TEAM (\$100) _____	

SIGNATURE: _____ **DATE:** _____

I agree to pay the above total amount. Event Sponsorship is 2 weeks prior tot event. 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