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 ($100)	_____		
TEAM ($400)	_____	**TOTAL:**	_____

SIGNATURE: _____ **DATE:** _____

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

Crossing Bridges TRC is a 501(c)(3) tax exempt organization | **Federal Tax ID #:** 37-1746728

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