



GOLF 'FORE' HEALTH TOURNAMENT 2022

Salmon Run Golf Course Saturday, August 13th Registration at 8:00 am/Tee Time at 9:00 am TEAM REGISTRATION FORM

Team Contact Information:

| Contact Name: | Phone: |
|---|--|
| Mailing Address: | |
| City/State: | |
| Email Address: | |
| □ <i>I WISH TO SPONSOR A TEAM (\$400) BU</i> T | WILL NOT BE PLAYING or |
| Golf Participant(s) \$100/person | |
| Player 1 Name: | Phone: |
| Player 2 Name: | Phone: |
| Player 3 Name: | Phone: |
| Player 4 Name: | Phone: |
| Thank you for your participation in this fun will pair you with other teams/players. Que foundation@curryhealth.org | n event! If you are not registering a full 4 players, we estions? Call us at 541-373-3015 or email |
| Payment: You can fill out this form and pay | via credit card at <u>www.curryhealthfoundation.com</u> . |
| OR: Mail this form and your check to: | Curry Health Foundation PO Box 1274 Gold Beach OR 97444 |

<u>OR</u>: Drop off your completed registration form with cash or check to any **Gold Beach Lumber** location in Curry County or at **CASCADE Home Center** in Brookings.