

Team/Player Registration Form

COMPLETE THE FILLABLE FORM BELOW, PRINT, MAIL AND/OR EMAIL IT TO:

Curry Health Foundation PO Box 1274, Gold Beach OR 97444 Email: efoskett2@gmail.com

Payments made [ONLINE](#) will be matched to the completed registration form you mail or email to us. If paying by check mail your check and a copy of the completed form.

Team Representative: _____ # of Players: _____

Contact Name: _____

Mailing Address: _____ City/Zip: _____

Phone: _____ Email: _____

Team Representative will be contacted prior to the tournament regarding their "TEAM Players" Questions contact Eleanor Foskett 408-242-9503