



## RICHMOND GOLF CLASSIC REGISTRATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

I am registering as a(n):    Individual (\$125)    Team(s) (\$400 per team)  
I will be paying by:        Cash    Check        Online

Team Registration (s):

Player 1: \_\_\_\_\_                      Player 1: \_\_\_\_\_  
Player 2: \_\_\_\_\_                      Player 2: \_\_\_\_\_  
Player 3: \_\_\_\_\_                      Player 3: \_\_\_\_\_  
Player 4: \_\_\_\_\_                      Player 4: \_\_\_\_\_

All proceeds from the Richmond Golf Classic will go toward supporting the Family Centered Treatment<sup>®</sup> and Therapeutic Foster Care programs at HopeTree Family Services.

Please mail checks with registration to:  
HopeTree Family Services  
C/o Development  
PO Box 849  
Salem, VA 24153.

Online payments are accepted at [www.hopetreefs.com/donate](http://www.hopetreefs.com/donate)

Office Use:    \_\_\_ Registration Received    \_\_\_ Payment Received