



SALEM 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 Salem Golf Classic will go toward supporting the Family Centered Treatment[®] and Equine-Assisted Psychotherapy 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

Office Use: ___ Registration Received ___ Payment Received