

REGISTRATION FORM

Company or Group name _____
Contact Person _____ Phone _____
Address _____

Players Names

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Tally

Golf fee (\$60 ea or \$240/team) _____
Mulligan (\$5 ea) _____
Skirts (\$5 ea) _____

Sponsorship

Platinum \$ _____
Gold \$ _____
Silver \$ _____
Bronze \$ _____

Additional Registration forms available: www.HopeValleyTreatment.org

Mail or return form to: Hope Valley, 706 Main Ave SE, Hickory, NC 28602

For more info, contact: Jess at 903-243-1375

TOTAL \$ _____