



ROGUE VALLEY MANOR
Foundation

GOLF TOURNAMENT REGISTRATION FORM

Please complete this form and fax it to 541-857-7367 or mail it with your payment to the address at the bottom of the page. You can also register online at www.centennialgolfclub.com/benefit.

Reservations are appreciated by May 29.

Please be sure to complete the other side of this form.

ORGANIZATION/TEAM CAPTAIN OR INDIVIDUAL PLAYER*:

Name: _____

Address: _____

Phone #: _____

Email: _____

Handicap: _____ GHIN No. _____
Average 18-hole score _____

PLAYER #2: _____

Email: _____

Handicap: _____ GHIN No. _____
Average 18-hole score _____

PLAYER #3: _____

Email: _____

Handicap: _____ GHIN No. _____
Average 18-hole score _____

PLAYER #4: _____

Email: _____

Handicap: _____ GHIN No. _____
Average 18-hole score _____

INDIVIDUAL PLAYERS WELCOME!

Check here if you do not have a team:

We will pair you up with one!*

PREFERRED TEE TIME:

7:30 a.m. or 1:30 p.m.

ENTRY FEE:

\$125 per individual

\$450 per foursome

SPACE IS LIMITED!

Mail or submit your reservation and payment today. If you prefer, you can provide credit card information by phone to 541-857-7366.

Payment Enclosed: \$ _____
Circle One: Visa MasterCard Check
Card Number _____
Exp. Date _____ Phone _____
Cardholder's Name _____ <i>(please print)</i>
Cardholder's Signature _____

*If you are registering as an individual player, you will be placed on a team based on your handicap.



Rogue Valley Manor Foundation

1200 Mira Mar Avenue • Medford, OR 97504 • (541) 857-7026 • Fax: (541) 857-7367

E-mail: jathanas@retirement.org • Affiliate of Pacific Retirement Services, Inc.



#020309

Photo Release

I, _____, agree to be photographed by Pacific Retirement Services, Inc. (PRS) and The Rogue Valley Manor Foundation for promotional purposes. Any images or audio taken of me may be used to help promote PRS and all PRS subsidiaries. I also agree that PRS and all PRS subsidiaries may use these photographs and audio recordings, and/or the full name of myself on its website or in other official publications of PRS and PRS subsidiaries, without further considerations.

I also acknowledge that PRS and PRS subsidiaries may choose not to use a photograph, audio recording or this information at this time, but may do so at a later date.

I understand that once an image, audio recording or name is posted on the PRS or PRS subsidiaries website, the image, audio recording or name can be downloaded by any computer with Internet access. I agree to hold PRS and PRS subsidiaries harmless from any claims related to the use of this image, audio recording or name. This authority will remain in place unless I submit a written withdrawal to the Creative Director Ellen Kimball at the address of 1200 Mira Mar, Medford Oregon 97504.

**If a minor is participating, minor must sign a separate photo release.

Signed Team Captain: _____ Date: _____

Print Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Signed Player # 2: _____ Date: _____

Print Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Signed Player # 3: _____ Date: _____

Print Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Signed Player # 4: _____ Date: _____

Print Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Pacific Retirement Services, Inc.
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PRS Toll-Free: 1-888-724-6424
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