



Salem Fire Foundation
Golf Tournament
Creekside Golf Club
Sept 6, 2024

2024 Team Registration Form Salem Fire Fighter Golf Tournament Fundraiser for the Benevolent Fund

Point of Contact Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Email: _____ Handicap: _____

Please include your email address when using CC for receiving receipt!

Player One Name (if not above person): _____

Email: _____ Phone: _____

Handicap: _____

Player Two Name: _____

Email: _____ Phone: _____

Handicap: _____

Player Three Name: _____

Email: _____ Phone: _____

Handicap: _____

Player Four Name (if POC isn't playing): _____

Email: _____ Phone: _____

Handicap: _____

Raffle tickets (5 tickets for \$20, in POC name unless otherwise noted): total\$ ____

Payment Options: Please invoice me Check attached to this form Credit Card

TOTAL to be invoiced/billed: \$ _____

(Teams are \$650 until July 31st, then are \$750)

(Pay securely by credit card on www.SalemFireFoundation.org) **OR**

Card Number: _____

Exp. Date: _____ CVV: _____ Zip: _____

Cardholder Name: _____

Cardholder Signature: _____

Pay by check?
Please make check payable to:
Salem Fire Foundation
PO Box 2920
Salem, OR 97308-2920

To learn more about the
Benevolent Fund, go here:



Mail, or Email completed form to:

Salem Fire Foundation, PO Box 2920, Salem, Oregon 97308-2920
office@salemfirefoundation.org 503-371.7457 x300 Fax: 503.585.8547