



PRESENTED BY **Guaranty**  
Bank & Trust

PROCEEDS BENEFITING *Cypress Basin Hospice*

## REGISTRATION FORM

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Email Address: \_\_\_\_\_

Partner Name: \_\_\_\_\_

- \$50 per team
- Single elimination tournament

First Place- \$250 cash prize

Runner Up- \$100 cash prize

Team Captain Signature: \_\_\_\_\_

Paid: <input type="checkbox"/> YES <input type="checkbox"/> NO	Cash: _____	Check: # _____	Card: _____
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