

Registration Form

THE SEVENTH ANNUAL MINISTER'S CUP Benefiting the Samaritan Center

Team Participation:

- Six player team (including playing minister): **\$1000**
- Six player team: **\$1200**
- Individual player: **\$ 225**

Please mail registration form and check made payable to:
"Samaritan Center For Counseling & Pastoral Care"
5425-A Burnet Road, Austin, TX 78756
by May 8th, 2006



Payment method:

- Please charge my entry fee of \$ _____ to: VISA
 MasterCard

Signature _____

Card # _____ Exp. Date _____

If you want to register online
go to www.samaritan-center.org

PLAYER 1 NAME

ADDRESS

CITY STATE ZIP

HOME PHONE WORK PHONE

E-MAIL

CHURCH NAME

PLAYER 4 NAME

ADDRESS

CITY STATE ZIP

HOME PHONE WORK PHONE

E-MAIL

CHURCH NAME

PLAYER 2 NAME

ADDRESS

CITY STATE ZIP

HOME PHONE WORK PHONE

E-MAIL

CHURCH NAME

PLAYER 5 NAME

ADDRESS

CITY STATE ZIP

HOME PHONE WORK PHONE

E-MAIL

CHURCH NAME

PLAYER 3 NAME

ADDRESS

CITY STATE ZIP

HOME PHONE WORK PHONE

E-MAIL

CHURCH NAME

PLAYER 6 NAME

ADDRESS

CITY STATE ZIP

HOME PHONE WORK PHONE

E-MAIL

CHURCH NAME

See other side for sponsorship information.