

Please type or print legibly. Registration will not be complete unless payment is included with registration form.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 District/Company: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*\*An email address is required for registration*

Player One Name: \_\_\_\_\_ \$45.00  
 District/Company: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Dietary Request: \_\_\_\_\_

Player Two Name: \_\_\_\_\_ \$45.00  
 District/Company: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Dietary Request: \_\_\_\_\_

Player Three Name: \_\_\_\_\_ \$45.00  
 District/Company: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Dietary Request: \_\_\_\_\_

Player Four Name: \_\_\_\_\_ \$45.00  
 District/Company: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Dietary Request: \_\_\_\_\_

**Payment**

Check | Make checks payable to SDAO

**Total Enclosed \$** \_\_\_\_\_

**Mail:**  
 SDAO  
 PO Box 12613  
 Salem OR 97309-0613

**Questions?**  
 Call us at 800-285-5461 or  
 Email us at [memberservices@sdao.com](mailto:memberservices@sdao.com)