## REGISTRATION FORM S-36 Collins Cove Pickleball Court

## Please print or type:

Name:	
Organization/Company:	
Email:	
Phone:	
Fax:	

## Return completed form to:

Email:	whaskell@salem.com
Fax:	978-745-7461
Mail:	Office of the Purchasing Agent 93 Washington Street, 2 <sup>nd</sup> Floor Salem, MA 01970

