

# Entry for Individual Events

**ALL FIELDS ARE REQUIRED OR ENTRY SHALL NOT BE ACCEPTED**

Event Name \_\_\_\_\_ Event Date \_\_\_\_\_

Contestant Name \_\_\_\_\_

AZHN# \_\_\_\_\_ Birth date \_\_\_\_\_

Division (Please Circle One)      Open      Masters      Seniors      Legends  
(45-54)      (55-64)      (65 and over)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email (if applicable) \_\_\_\_\_

Day and/or Mobile Phone \_\_\_\_\_

TPA Member:    Yes \_\_\_\_\_    No \_\_\_\_\_

*By submitting this entry for this Arizona Golf Association event, I confirm that I have read, understand and agree to abide by the Policies & Procedures of the Arizona Golf Association. I agree that there are certain risks inherent in the game of golf and I accept personal liability for all such risks.*

\$ \_\_\_\_\_ Entry Fee

\$ \_\_\_\_\_ Tax-deductible donation to the Arizona Golf Foundation (Optional)

\$ \_\_\_\_\_ Total enclosed

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(602) 944-3035: Fax: (602) 944-3228  
Website [www.azgolf.org](http://www.azgolf.org)



**Get In The Game**

For Admin use only: Date Received \_\_\_\_\_ Amount \_\_\_\_\_ Ck# \_\_\_\_\_