



### Entry for Team Event

**ALL FIELDS (except email address) ARE REQUIRED OR ENTRY WILL NOT BE ACCEPTED**

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

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

AZHN # \_\_\_\_\_ Birth Date \_\_\_\_\_

Division (Circle One)      Open      Masters      Senior      Legends  
(45-54)      (55-64)      (65 and Over)

Address \_\_\_\_\_

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

Email (if Applicable) \_\_\_\_\_

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

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

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

AZHN # \_\_\_\_\_ Birth Date \_\_\_\_\_

Division (Circle One)      Open      Masters      Senior      Legends  
(45-54)      (55-64)      (65 and Over)

Address \_\_\_\_\_

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

Email (if Applicable) \_\_\_\_\_

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

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

**The information provided on this entry form is what will be used, if necessary, to contact you. It is your responsibility to notify the Arizona Golf Association if your contact information changes.**

**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