

Ace Sponsorship Level
Registration Form

Team 1

Player 1

Last Name: _____
First Name: _____
Handicap: _____
Email: _____
Shirt Size: _____

Player 2

Last Name: _____
First Name: _____
Handicap: _____
Email: _____
Shirt Size: _____

Player 3

Last Name: _____
First Name: _____
Handicap: _____
Email: _____
Shirt Size: _____

Team 2

Player 1

Last Name: _____
First Name: _____
Handicap: _____
Email: _____
Shirt Size: _____

Player 2

Last Name: _____
First Name: _____
Handicap: _____
Email: _____
Shirt Size: _____

Player 3

Last Name: _____
First Name: _____
Handicap: _____
Email: _____
Shirt Size: _____

Team 3

Player 1

Last Name: _____
First Name: _____
Handicap: _____
Email: _____
Shirt Size: _____

Player 2

Last Name: _____
First Name: _____
Handicap: _____
Email: _____
Shirt Size: _____

Player 3

Last Name: _____
First Name: _____
Handicap: _____
Email: _____
Shirt Size: _____

Company Name

Contact person

Phone #

Email

Print this Form and Mail to:

VATA/ Golf Committee
PO Box 720598
McAllen, TX. 78504

Make checks payable to:
**Valley Athletic
Trainers Association**

Or

Fax Form to:
(956) 969-6948
Attn. Xavier Banuelos