

**Condor Sponsorship Level**  
**Registration Form**

**Team 1**

**Player 1**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_  
Email: \_\_\_\_\_

**Player 2**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_  
Email: \_\_\_\_\_

**Player 3**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_  
Email: \_\_\_\_\_

**Team 2**

**Player 1**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_  
Email: \_\_\_\_\_

**Player 2**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_  
Email: \_\_\_\_\_

**Player 3**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_  
Email: \_\_\_\_\_

**Team 3**

**Player 1**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_  
Email: \_\_\_\_\_

**Player 2**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_  
Email: \_\_\_\_\_

**Player 3**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Handicap: \_\_\_\_\_  
Email: \_\_\_\_\_

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**Company Name**

**Contact person**

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**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