

Eagle 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: _____

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