



**AVIDGOLFER Tournament
August 29, 2010
The Tribute Golf Club
1:00 PM Tee Time**

Date: ____/____/____

Player name _____

Address _____

City State Zip: _____

E-mail _____ Phone number _____

** Confirmation and tournament event details are sent via Email, please provide!

_____ or, ____ assign me with a playing partner
Playing partner's name

If you would like to be paired with another twosome, please provide those names here:

_____ and _____

• Please indicate player's shirt size: M L XL XXL

*Partner's shirt size if paying both entry fees: M L XL XXL

*Partner's Email Address: _____

PAYMENT INFORMATION:

___ I have enclosed a check to AVIDGOLFER.

___ I give AVIDGOLFER permission to charge my credit card \$200 for my entry fee.

___ I give AVIDGOLFER permission to charge my credit card \$400 for my entry fee and my playing partner's entry fee.

_____ Print name as it appears on credit card.

credit card #: _____ - _____ - _____

exp. ____/____ Billing Zip Code _____

**Fax entry to 972.550.8500, or mail to:
AVIDGOLFER Attn: Golf Tournament Registration
1825 W. Walnut Hill, Suite #106, Irving, Texas 75038**